



ONLINE TRAINING APPLICATION FORM

**PLEASE COMPLETE IN CAPITAL LETTERS**

Surname Name:

Forename(s):

Address:

Postcode / City Code:

Telephone Number:

Mobile Number:

Fax:

E-mail:

**Course Applying For:**

**PERSONAL INFORMATION**

**HOW DID YOU HEAR OF US?:** FRIEND  REPRESENTATIVE  WEB  (PLEASE SPECIFY SEARCH ENGINE)

Advertisement (list Publication) Other  ( please specify)

**SECONDARY AND HIGHER EDUCATION / PROFESSIONAL MEMBERSHIP**

Examinations passed and professional qualifications obtained

Date	Subject and Level	Name of Organisation	Grade

**WORK EXPERIENCE**

Employer's name &amp; address

Job title &amp; main duties

**REFEREES**

Name

Name

Address

Address

Telephone Number	Telephone Number
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**PERSONAL STATEMENT**

I confirm that the information provided in this application form is correct and gives a fair representation of my qualifications, employment history ( if any ) and the competence to complete the qualification applied for.

Please Email completed application form to: [info@onlinelearningcentre.org](mailto:info@onlinelearningcentre.org)

**The Training Manager**

**Africa Center for Project Management**

**Krishna Center, Suite G9, Westlands Road, Nairobi, Kenya**

**Telephone: +254- 20- 4452674/ 4450937**

**[info@onlinelearningcenter.org](mailto:info@onlinelearningcenter.org) [www.onlinelearningcentre.org](http://www.onlinelearningcentre.org)**