

ENTREPRENEURSHIP DEVELOPMENT TRAINING

APPLICATION FORM

IMPORTANT NOTICE

Please complete this form carefully, using **BLOCK LETTERS** and **BLACK PEN**.
This form will be used to assess your application for training

Which course are you applying for?

(Application is **INVALID** if course is not selected).

1. Improve Your Business	(IYB)	5. Financial M T
2. Basic Accounting for SMEs		6. Customer Care
3. Marketing		7. Other:
4. Costing & Pricing		

YOUR PERSONAL DETAILS:

First Name:

Last Name:

Date of Birth:

Nationality:

Gender:

Female:

Postal Address:

Physical Address:

Telephone/Fax/E-mail:

Home:	<input type="text"/>
Business:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

Language Proficiency:
(Indicate as Good, Average or Poor)

Language	Speak	Read
Afrikaans	<input type="text"/>	<input type="text"/>
Damara Nama	<input type="text"/>	<input type="text"/>
English	<input type="text"/>	<input type="text"/>
German	<input type="text"/>	<input type="text"/>
Herero	<input type="text"/>	<input type="text"/>
Oshiwambo	<input type="text"/>	<input type="text"/>

EDUCATION AND SKILLS

What is the highest grade that you
have passed?

Gr 8

Gr 10

Specify:

Have you received any further
training? Specify?

Course	Institution
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Are you computer literate?

YES

NO

The information provided above are true and accurate and should I be selected to participate in this training programme, I commit to attend all training sessions and comply with all requirements.

Name:

Signature:

Position:

Date:

THANK YOU FOR YOUR INTEREST.

YOUR APPLICATION WILL BE EVALUATED BY THE DIVISION OF ECONOMIC DEVELOPMENT.
YOU WILL THEN BE INFORMED WHETHER YOUR APPLICATION IS SUCCESSFUL OR NOT.