



CPST TRAINING
Course Application Form

INSTRUCTIONS:

This application/nomination form should be completed by an applicant who intends to undertake a training course by CPST. All question items pertaining to the applicant **MUST** be filled in **BLOCK LETTERS WITH CLEAR BLACK INK AND SEND TO CPST 2 WEEKS BEFORE COMENCEMENT OF THE COURSE**

Section A: Background information			
1.	Course Title (Refer to Advert/ Brochure for more information):		
2.	Date of Application:	Course Code:	
3.	Course Venue:	Course Dates:	
4.	Applicant's name (as in passport or Identification Card):		
5.	Sex :MALE() FEMALE() (Tick the appropriate choice)	Date of birth:	
6.	Nationality:		
7.	Passport/ID No	Date of Issue:	
8.	Expiry Date:	Place of issue:	
9.	Name of Employer/Institution:		
10.	Your Contact Address (Post and Email/Telephone/Mobile):		
11.	Emergency data: Person to be notified (Name and Contact details):		
12.	Educational background or corresponding institutions attended: starting with the most recent		
	<i>Name of Institution/ College/ University attended:</i>	<i>Dates:</i>	<i>Qualification Achieved:</i>
13.	A brief summary of the working experiences:		
14.	Title of present position:	Date assumed	

		present post:	
15.	Description of present duties and responsibilities:		
16.	Briefly indicate reasons for applying for this course. What do you expect from it and how might it help you in the present job or future plans?		
17.	State if you have any request about which you wish the training organizers to make special consideration during the training?		
18.	Where did you get information about this course? E.g. CPST brochure, media advertisement, online search, a friend/colleague, Alumni, CPST Staff, Other <i>(Please specify)</i>		
19.	Sponsorship Details	<input type="checkbox"/> Self Sponsorship <i>(Tick the appropriate choice)</i>	<input type="checkbox"/> Other

If "Other" please give details of sponsoring agent below:

Name of Sponsoring Agent:	
Address:	
Email	
Name & Title of Contact Person	
Telephone:	
Signature & Official stamp	

20 **MODE OF PAYMENT AND CONFIRMATION**

Applicants should **pay and submit bank slips to CPST before commencement** of the course. Payments should be made through the following account: Cooperative Bank Ltd, Parliament Road Branch: Account NO: 001129201146700. Strictly no cash will be accepted. upon payment, the applicants should confirm with CPST before proceeding for the course.

21 **CONFIRMATION SIGNATURE**

I hereby confirm that the information given is true to the best of my knowledge.

Applicant's Name:

Signature:

Date:

FOR CPST CAPACITY BUILDING USE ONLY:			
Date application received:		File Reference:	
Accepted/ Rejected: (i.e. A or R)		Participant Code:	
(Name of Authorized Officer)			
(Signature of Authorized Officer)			