



STAFF DEVELOPMENT INSTITUTE

APPLICATION FORM

COURSE TITLE **DATES**

PART A: THE APPLICANT'S PERSONAL DETAILS (To be completed by the Applicant)

SURNAME

FIRST NAMES

DATE OF BIRTH

GENDER (Tick Appropriately) FEMALE MALE

HIGHEST ACADEMIC QUALIFICATION (Circle appropriately)

JC MSCE DIPLOMA BACHELORS MASTERS DOCTORATE

OTHER (Specify)

(Attach copies of MSCE or Equivalent if applying for Diploma, Certificate in Law, & Paralegal Courses)

PRESENT JOB (if applicable)

PART B: THE APPLICANT'S CONTACT DETAILS (To be completed by the Applicant)

POSTAL ADDRESS

.....

.....

TELEPHONES

MOBILE PHONES

FAX

EMAIL

HOW DID YOU KNOW ABOUT THIS COURSE? (Circle appropriately)

Newspaper SDI Calendar Word of Mouth SDI website

Other (Specify)

PART C: THE EMPLOYER'S DETAILS (To be completed by the employer if you are employed)

NAME OF ORGANISATION

.....

TYPE OF ORGANISATION (Circle Appropriately)

GOVERNMENT PARASTATAL NGO PRIVATE

POSTAL ADDRESS

.....

TELEPHONES

MOBILE PHONES

FAX

E-MAIL

PART D: THE EMPLOYER'S COMMITMENT (To be completed by the employer if you are employed)

NOMINATING OFFICER

.....

DESIGNATION

TELEPHONES

MOBILE PHONES

E-MAIL

I endorse this application for the officer named in Part A and recommend their acceptance. My organization undertakes to meet all obligations for the applicant's participation in the course.

SIGNED

OFFICIAL DATE STAMP

Return the completed Application Form to: The Director, Staff Development Institute, P/Bag 1, **MPEMBA**.

Fax: +265 1 691 750 **OR** Apply online at www.sdi.ac.mw. Email: sdi@sdi.ac.mw.

Phones: +265 9 950 311, +265 1 914 923/924/926