



STAFF DEVELOPMENT INSTITUTE

APPLICATION FORM

COURSE TITLE	COURSE 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 ICM, ABE, PAEC or CIPS courses) PRESENT JOB	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) <u>Newspaper</u> <u>SDI Calendar</u> <u>Word of Mouth</u> <u>SDI website</u> <u>Other (Specify)</u>
PART C: THE EMPLOYER'S DETAILS (To be completed by the employer) 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) 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** Download application form at www.sdi.ac.mw. Email: sdi@sdi.ac.mw.

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