



SINU Community Outreach Lifelong Learning Centre

ENROLMENT FORM: SHORT COURSE TRAINING

Course Information

COURSE TITLE			
DATE(S)		VENUE	

Personal Information		Employment Information	
FIRST NAME		OCCUPATION	
MIDDLE NAME		ORGANISATION	
SURNAME		ADDRESS	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		
DATE OF BIRTH	(dd.mm.yyyy):		
MOBILE		TELEPHONE	
EMAIL		FACSIMILE	
POSTAL ADDRESS			

I confirm that all the information given above is complete and correct.

Community Outreach Lifelong Learning Centre (SINU) reserves the right to postpone or cancel a course on the basis of insufficient registration or for any other reason that will be deemed necessary.

Applicant's Signature

DATE (dd.mm.yyyy)

OFFICIAL USE ONLY

Fees

Amount Paid/Invoiced	Receipt No.	Date	SINU Staff Name	Signature

For Further Enquiries:

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Email: florence.auma@sinu.edu.sb