



Attach a recent passport photograph here

Application Form

Write clearly in **BLOCK CAPITALS** and use black ink. Post this form to the centre where you would like to take your course.

1. Personal information *Please enter your name as you would wish it to appear on any certificate awarded*

Surname:	Nationality:
First names:	First language:
Date and place of birth:	Present occupation:
Title: <i>Delete as applicable</i> Mr / Mrs / Miss / Ms / Other _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Permanent address:	Telephone:
	Mobile:
Postcode:	Email:

Correspondence address: <i>If different to above</i>	Telephone:
	Mobile:
Postcode:	Email:

2. Course details *Please indicate which course you are applying for and we shall send you further information on dates and venues*

- | | | |
|---|--|--------------------------|
| AGRICULTURE / FARMING | <input type="checkbox"/> ENTREPRENEURSHIP TRAINING | <input type="checkbox"/> |
| COMMUNICATION STUDIES | <input type="checkbox"/> MARKETING | <input type="checkbox"/> |
| COMPUTER STUDIES CERTIFICATE | MANAGEMENT STUDIES | |
| - Computer & Information Science <input type="checkbox"/> | - Customer Relations Management <input type="checkbox"/> | |
| - Programming <input type="checkbox"/> | - Management and Business skills <input type="checkbox"/> | |
| - Web Database Development <input type="checkbox"/> | - International Conflict Management <input type="checkbox"/> | |
| | - International project Management <input type="checkbox"/> | |
| | - Renewable Energy Management <input type="checkbox"/> | |
| | - Research Management <input type="checkbox"/> | |
| | - Transport & Logistics Management <input type="checkbox"/> | |
| DEVELOPMENT STUDIES | SCIENCES | |
| - Human Resources <input type="checkbox"/> | - Health services <input type="checkbox"/> | |
| - Natural Resources <input type="checkbox"/> | - Ethics in Health Care <input type="checkbox"/> | |
| | - Health Care Delivery Systems <input type="checkbox"/> | |
| POLICY ADVOCACY | <input type="checkbox"/> MONITORING AND EVALUATION | <input type="checkbox"/> |
| PROFESSIONALS IN TELECOMMUNICATIONS | <input type="checkbox"/> ORGANISATIONAL CAPACITY BUILDING | <input type="checkbox"/> |

First choice	Dates:	Location:
Second choice	Dates:	Location:

3. Education *Please supply the name of schools/universities/colleges you have attended and qualifications gained*

School:	Qualifications:	Dates:
University/training college:	Qualifications:	Dates:
ELT qualifications (if any):		Dates:

4. Other work experience *To be completed by all applicants (please use a separate sheet if necessary)*

5. Knowledge of foreign languages *Please give details of other foreign languages you speak and state your level for each one (ie. fluent / good / fair / minimal)*

6. References *Candidates should supply the name, address and telephone number of a referee. Candidates should provide the names, addresses and telephone numbers of a current and previous employer from whom we can obtain references*

7. Additional notes *Please attach on a separate piece of paper in your own handwriting:*

Please note:

- You will be notified of a place reservation if your application is successful. The full fees must be paid 4 weeks before the course begins to guarantee your place on the course. We will not hold places open for applicants who do not pay their full fees when they are due. Any refund for early departure or cancellation of your course is at AYF's discretion.
- All courses are subject to demand.

Please tell us how you heard about this course: _____

Please send your completed form to the JANERO Consultancy at:

Janero Consultancy GmbH
Training Department
Sebastianstr. 177-179
53115 Bonn
Germany

Tel.: 0049 228 92 66 992
Fax: 0049 228 92 66 991

Email: courses@janero.eu
Course Sites: <http://www.src.ayf.de/courses.htm>
<http://www.janero.eu/index.html>