

TRAINING REGISTRATION FORM

Course Name _____

Date of the Course: _____

PERSONAL DETAILS

Full Name		Landline/Mobile No.	
Female/Male		Email Address	
Date of Birth		Residence	

OCCUPATIONAL DETAILS

Work at?		Job title	
Years of Work		Supervisor?	
No. Staff at work?		Phone Number?	
Your participation is fully funded by:	<input type="checkbox"/> Your Business <input type="checkbox"/> Self-funded <input type="checkbox"/> TBEC <input type="checkbox"/> Others _____		

BUSINESS DETAILS (if you have a business of your own)

Do you have a business?		Have you registered your business?	
If Yes, what is your business' name?		If No, what is your business' trading name?	
Business Contact No.		Business Location	

CIRCLE HOW YOU HEARD ABOUT THIS TRAINING:

Radio	Newspaper	TBEC Website/Facebook
TBEC Staff	SMS (text message)	Friends/Workmates
Others (Please specify)		

IMPORTANT NOTICE:

Please send your application form together with your registration fee to secure your placement for the course. You are required to pay your registration fee within 5 working days prior to the training start. TBEC accepts payment only by Cash and Company Cheque.

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