

MANAGEMENT TRAINING AND ADVISORY CENTRE (MTAC)

4 ½ Km, Jinja Road, Plot No. M175, P.O. BOX 4655, Kampala, Tel: 22101123/3 Fax: 041-223853, Email:admin@ac.ug

APPLICATION FORM

(Fill in/tick or cross where applicable)

Course title applied for:

.....

Dates: From: To

Surname: Other names..... F M

Organization/Department (If any)

.....

Address: Tel:.....

Fax..... E-mail:

Age group: 19 or less 20 - 29 30 - 39 40 - 49 50 or more

What is your highest level of education? Masters or Higher Bachelors Diploma

Certificate A'Level O'Level

Others (Specify).....

Job title currently - held

Briefly write your present core duties and responsibilities

.....
.....
.....

Have you attended any previous course conducted by MTAC. (If yes, please list them)

1..... 2..... 3.....

Briefly outline your training expectations:

i.....

ii.....

iii.....

I, certify that the above information is correct.

(Names in full) :.....

Signature Date: Official stamp.....

Thank You for choosing MTAC