



FIT Uganda Training Division

Application Form

Course: -----

Duration of course: -----

Gender: Male / Female

Title: Mr. /Ms / Other: (_____)

First Name: _____

Middle Name: _____

Surname: _____

Date of Birth: _____

Citizenship: _____

Present Position: _____

Address: _____

District: _____

Phone (business): _____

Fax (business): _____

Phone (home): _____

Mobile Phone: _____

E-mail address: _____

Main Job Responsibilities: _____

Higher Education

Last Degree Attained: Dip. /BA / BSc. / Bed. / Other: _____

Institution: _____

Fluency in English: Yes / No **Computer Literate:** Yes / No *[Tick appropriately]*

How did you learn about this programme?

1. Direct contact from FIT Uganda Ltd: Email /Fax / Post/ Phone Call
2. Through FIT training graduate (full name) _____
3. Through employer (Full Name) _____
4. Through professional forum(forum name) _____
5. Other _____

Person or Organisation responsible for payment of **Training fees:**

Kindly email the completed form to training@fituganda.com or fax to (256) 414-532391.

For any further inquiries please do not hesitate to call (256) 414-522393