



SEYCHELLES BUSINESS STUDIES ACADEMY

APPLICATION FOR ADMISSION TO PART-TIME TRAINING PROGRAMMES



1. PROGRAMME APPLYING FOR: (Tick as appropriate)

<b>CERTIFICATE IN BUSINESS ADMINISTRATION</b>	
<b>AAT LEVEL 2</b>	
<b>AAT LEVEL 3</b>	
<b>AAT LEVEL 4</b>	
<b>QUICKBOOKS ACCOUNTING SOFTWARE</b>	
<b>E-COMMERCE</b>	
<b>START &amp; IMPROVE YOUR BUSINESS (SIYB)</b>	
<b>OTHER -please specify title of programme below:</b>	
.....	

2. NAME OF CANDIDATE: .....

3. STUDENT REGISTRATION / ENROLMENT NUMBER (If applicable) .....

4. DATE OF BIRTH: .....

5. NATIONAL IDENTITY No: .....

6. ADDRESS FOR CORRESPONDENCE: .....

.....

7. TELEPHONE NO: (A)..... (B) .....

8. EMAIL ADDRESS: .....

9. (A) NAME OF ORGANISATION: .....

(B) NAME OF SUPERVISOR / MANAGER: .....

(C) OFFICE CONTACT NUMBER: .....

(D) SUPERVISOR'S EMAIL ADDRESS: .....

10. JOB TITLE / DESIGNATION .....

11. SECTION/DIVISION .....

12. HOW WILL YOUR STUDIES BE FINANCED? (*Tick as appropriate*)

A) SELF FINANCED

B) EMPLOYING ORGANISATION

13. DETAILS OF ACADEMIC PROFESSIONAL QUALIFICATIONS:

EXAMINATION PASSED	YEAR OF PASSING	SUBJECTS	GRADES
O LEVELS / IGCSE			
A LEVELS			
ANY OTHER			

14. OTHER CERTIFICATES

CERTIFICATES	AWARDING INSTITUTION	YEAR

15. PAYMENT DETAILS

Description	Amount	Date of the Payment	Signature
Tuition fees			
Instalment 1			
Instalment 2			
Instalment 3			
Instalment 4			
REGISTRATION FEE			
EXAM FEE			

SIGNATURE: .....

DATE: .....