**Project Management Course**

**24 August - 4 September 2026**

**NOMINATION AND APPLICATION FORM FOR ADMISSION**

***Please print in block letters with clear black ink.***

## A. PERSONAL PROFILE

1. Applicant's name (as in passport or ID)**:** .....
2. Gender Male Female
3. Nationality: .....
5. Home Postal Address……City: ..... Country:…..…

   Home Physical Address:…….

   Tel: ..... E-mail:.....……..
6. Emergency data: Person to be notified: Name: .....

   Tel: ..... Mobile: ..... P. O. Box:……..……

## B. EMPLOYMENT PROFILE

7. Name of Employer/Institution:…….

Postal Address: ..... City: ..... Country:.....……

Tel: ..... E-mail: …...…….....…

8. Title or present position: .....
9. Have you attended the Financial Management course for Project Accountants before? …….. (If yes, state the Year) …….....
10. Briefly indicate your reasons for applying for this course.

    ……

11. What are your expectations and how will it help you in the present job.

    .....

**Note:** *Completed forms must be scanned and submitted to the addresses provided below no later than 2 weeks before the course begins.*



***Email:*** *training@straraproconsulting.co.sz*
**Tel:** +26876535520 / +26834502043
**Address:** Plot 4 Mcitfo Street
Mbabane, Eswatini