**FOR OFFICIAL USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| App  Chk’d |  | App Ent d |  | Registration Date |  |
| Docs Chk,d |  | Credit Assessed |  | Processing fee (receipts No |  |
| Decision |  | | | | |



**Seychelles Institute of Agriculture and Horticulture**

**SHORT COURSE /STAND ALONE APPLICATION FORM**

*PLEASE COMPLETE FORM IN CAPITAL LETTERS*

**Tick boxes as appropriate. Complete all the related field with the appropriate information.**



|  |
| --- |
| **REGISTRATION DETAILS** |

**Short /Stand Alone courses you are applying for**

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| --- |
| **APPLICATION DETAILS** |

**First Name(s) (As appear on your ID card) Surname**

**Mr/Mrs/Ms/Miss**

|  |  |
| --- | --- |
| **M** | **F** |

**NIN Date of Birth Gender**

**Mobile No**

**Personal E-mail Address**

**(Cannot be same as work email)**

**WhatsApp No**

|  |  |
| --- | --- |
| **Current Status**  **(Tick One Box)** | Unemployed  Self-Employed  Employed  SIAH Learner |

|  |  |
| --- | --- |
| Government  Private Company  On ANHRD scholarship  SIAH Learner |  |
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|  |

**Complete Address Employment Sector**

**Briefly state why you would like to follow this programme:**

|  |
| --- |
| **NEXT OF KIN ( TO BE CONTACTED IN CASE OF EMERGENCY)** |

Full Name Relation Mobile No Work No Home No

**1**

**2**

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| **TWO HIGHEST QUALIFICATION** |

**Please complete this section giving as much details as possible .Attach copies of Certificates to the application form.**

|  |  |
| --- | --- |
| **1.** | **Institute /School :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Subjects Passes & Grade** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Completed ( Month and Year ) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Qualification Obtained:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2.** | **Institute /School :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Subjects Passes & Grade** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Completed ( Month and Year ) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Qualification Obtained:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **EMPLOYMENT DETAILS (CURRENT )** |

|  |  |
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| **Current**  **Post** | **Post Title :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Place of Work** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employer :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Started :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I’m paying by:**

Cheque: Cash: Bank Transfer:

**Payment will be made by**

Myself Workplace Others (Please Specify) ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*If you have selected myself please fill in section A, and if you have selected workplace fill in section B***

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| **METHOD OF PAYMENT** |

|  |
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| **Section A ( PAYMENT MADE BY APPLICANTS )** |

***I wish to make payment***

**In full By Two Instalments**

***Under the instalment payment plan, all payments must be fully settled before the course concludes to receive the certificates.***

(SR 1,500)

(SCR 3,000)

|  |
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| **Section B (INVOICING DETAILS –WHO WILL BE PAYING YOUR FEES?)** |

|  |  |
| --- | --- |
|  | |
| **Name of HR Manager**  **Work Tel**  **Work Mobile**  **Work E-Mail**  **Billing Address**  **HR Manager’s Signature**  **Date** |  |
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| --- | --- |
|  | |
| **Contact Name**  **Home Tel**  **Mobile**  **E-Mail**  **Billing Address**  **Contact’s Signature**  **Date** |  |
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Please find below our bank detail for any payment

**Bank Account Details**

**Government Account:** 1401

**Administrative Code:**  080x052-GA 6306-32174200-100

**Bank:** Central Bank of Seychelles

**Branch:** Victoria

**Please state any disability /medical condition/allergy you would wish to inform SIAH of:**

**………………………………………………………………………………………………………………………………………………………………………………….**

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| **APPLICANTS CHECKLIST AND DECLARATION** |

All applicants must submit a copy of their ID card or passport.

Submit the following documents below along with your application form:

1. Copies of Certificates /transcripts for qualifications listed (certified by Seychelles Qualifications Authority)
2. Two passport-sized photos
3. CV
4. Payment of the non-refundable application processing fee of SCR 250

**Important:**

Your application will be processed only if you have submitted a complete application form, require documents and the application processing fee if required.

I certify that all information given above is true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicants Full Name Signature Date**

Please submit the completed application by email: kopelosiah@gmail.com or in person at the Registrar Office Grand –Anse Mahe.

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