Advanced Project Management(PMBOK) Training

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 Advanced Project Management(PMBOK) Training 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.

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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