



## HUMAN RESOURCE DEVELOPMENT COUNCIL

	REGISTRATION FORM <b>Generic Design of Training Programmes for MQA-registered training institutions</b>		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single			
Surname (in block letters):			
Other names (in block letters):			
Maiden Name (if applicable):			
National Identity No.:			
Residential Address (in block letters):			
Contact details	Off.:	Home:	Mob:
	Fax:	Email:	
<b>Academic Education (Highest)</b>			
Name of institution(s) attended		Qualification(s) obtained	Year
1.			
2.			
<b>Courses/Seminars previously attended</b>			
1.			
2.			
3.			
Name of training institution:			
Job title:			
Any experience specific to the SME sector:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of years experience:		Less than 1 year <input type="checkbox"/>	3 to 5 years <input type="checkbox"/>
		More than 5 years <input type="checkbox"/>	
Any <b>affiliation/registration</b> with bodies other than the Mauritius Qualifications Authority:			
1.			
2.			
Do you have a Train the Trainer certificate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><b>Declaration:</b>                  I declare that the information provided by me in connection with this application is true and correct. I also agree that I will be attending all training sessions (<b>12 sessions of 2 hours each</b>) if offered a seat.</p>			
Signature:		Date:	