



SEYCHELLES BUSINESS STUDIES ACADEMY
APPLICATION FOR ADMISSION TO IN-SERVICE COURSE



1. COURSE APPLYING FOR: (Tick as appropriate)

CERTIFICATE IN OFFICE ADMINISTRATION	
AAT LEVEL 2	
AAT LEVEL 3	
AAT LEVEL 4	
QUICKBOOKS	
OTHER -please specify title of course below: 	

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:

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: