



Akada Konsults Limited

Organisation and Business Development Consultants

Application Form

Complete in BLOCK LETTERS

Scan and send the completed form to apply@akadakonsults.net

Call 01-4186366 or 01 8916762 if you need any assistance in filling this form

PERSONAL DETAILS

Surname		Title
First Name(s)		
Date of Birth	Female	Male
Email Address		
Fax No.		

HOME ADDRESS

Tel No. Daytime	Tel No. Evening

EMERGENCY CONTACT

Name	
Tel No. Daytime	Tel No. Evening

RESIDENCY

Country of birth		Nationality	
Do you require a study-visa?			

EMPLOYMENT DETAILS

Are you currently employed?	
Employer's name	
Address	
Contact Tel No.	Fax No.





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DISABILITY

We want to ensure that people with disabilities have a fair chance to attend and benefit from the Academy.

Do you consider yourself as having a learning difficulty or disability?

COURSE* DETAILS

Please enter the details of the course(s) you wish to enrol for.

Course Title
1.
2.
Prefered Admission Date
1.
2.

* Please refer to our website, on <http://akadakonsults.net/pm360.html> for course information.

QUALIFICATIONS ON ENTRY

Please enter all qualifications here; continue on a separate sheet if necessary. If none write "none"

Awarding Body	Level	Subject	Qualification achieved	Date of award

GOVERNMENT SPONSORS

Country
Sponsor's name
Address
Contact Tel No.
Email Address
Fax No.





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OTHER SPONSORS

If your fees are being paid by a sponsor or an employer, please give the following details
A LETTER OF AUTHORISATION MUST ALSO BE PROVIDED

Employer/Sponsor's name
Address
Manager/Supervisor's name

METHOD OF PAYMENT

Please tick (✓) your payment method.

Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Foreign Transfer <input type="checkbox"/>	International Money Order <input type="checkbox"/>
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STATEMENT

I DECLARE THAT THE INFORMATION GIVEN IS TO THE BEST OF MY KNOWLEDGE CORRECT. I AGREE TO ABIDE BY THE RULES AS PUBLISHED. I HAVE RECEIVED INFORMATION ABOUT THE CONTENT OF THE PROGRAMME AND ACCEPT THE PROGRAMME IS SUITABLE FOR MY NEEDS. BY SIGNING THE ENROLMENT AGREEMENT, I ACCEPT THE FOLLOWING:

1. COMMITMENT TO PAYING THE MINIMUM DEPOSIT AND FURTHER INSTALMENT(S) OF FEES EVEN IF I DO NOT COMPLETE THE COURSE
2. AGREE TO THE COLLEGE PAYMENT TERMS AND CONDITIONS AND "WITHDRAWAL" POLICY (see <http://akadakonsults.net/pm360.html> for details)

Student
Signature _____ Date _____

Enrolling Officers
Signature _____

This enrolment cannot be accepted without signature.