



APPLICATION FORM (Please type or print clearly in black ink)

Please indicate for which course you are applying.

Strategic Management	<input type="checkbox"/>	Strategic Management, Budgeting & Performance	<input type="checkbox"/>
Performance Management /Measurement	<input type="checkbox"/>	Municipal Accounting & Risk Management	<input type="checkbox"/>
Balanced Scorecard	<input type="checkbox"/>	Municipal Governance & Legislation	<input type="checkbox"/>
Core Municipal Processes: IDP, LED & PMS	<input type="checkbox"/>	Municipal Costing & Capital Planning	<input type="checkbox"/>
Public Participation in Local Government	<input type="checkbox"/>	Municipal IT Support & Project Management	<input type="checkbox"/>
Facilitation, Communication & Dealing with Conflict	<input type="checkbox"/>	Supply Chain Management	<input type="checkbox"/>
Entrepreneurship Skills (Business Development)	<input type="checkbox"/>	Gender Issues & Development in Public Service	<input type="checkbox"/>
Project Management	<input type="checkbox"/>	Effective Public Speaking & Presentation Skills	<input type="checkbox"/>
Monitoring & Evaluation of Projects	<input type="checkbox"/>	Financial Management for Non-Financial Managers	<input type="checkbox"/>

PERSONAL DETAILS										
Title	Ms		Mr		Dr		Prof		Other	
Surname										
First Name										
Middle Name (s)										
ID Number										
Date of Birth (dd/mm/yyyy)										
Gender	Male							Female		
Nationality	South African							Other (specify)		
If not South African, state if you have valid permit	Yes							No		
Home Language										
Disability Status										
Telephone Number	Code				Number					
Fax Number	Code				Number					
Cell Number	Code				Number					
Email Address										
Postal Address										
	Postal Code:									
Physical Address										
	Postal Code:									
Highest Qualification Obtained (please tick)	Degree	Diploma	Matric	Other (specify)						
OCCUPATIONAL STATUS										
Name of Organisation										
Job Designation										
Period Employed										
Telephone Number	Code				Number					
Fax Number	Code				Number					
Web Address (if applicable)										

Please indicate method of payment

Cash ☐ Credit Card ☐ Electronic Transfer ☐ Traveller's Cheque ☐ Other ☐

Payment will be made on arrival	
Bank transfer to Kawaida Collaborative before arrival	

I hereby declare that the information provided above is true and correct

Signature of Applicant

Date of Application

Please return the completed Application Form to:

Kawaida Collaborative Management Centre

**P.O. Box 5837
Nelspruit
1200**

**1 Le Roux Street Unit 91,
Sonpark Boulevard,
Sonheuwel, Nelspruit**

**Tel: +27 13 741-4379
Fax: +27 13 741-4842
E-mail: training@kawaida.co.za**