

**Institute of Water and Sanitation Development**  
 P O Box MP422, Mount Pleasant, Harare Zimbabwe  
**Telephone: 263 (0)4 799050**  
**Email: [admin@iwsd.co.zw](mailto:admin@iwsd.co.zw)**  
**[training@iwsd.co.zw](mailto:training@iwsd.co.zw)**

Receipt No. ....

## APPLICATION FORM

COURSE APPLIED FOR: ..... INTAKE YEAR:.....

### APPLICANT'S DETAILS

SURNAME.....

OTHER NAMES.....

DATE OF BIRTH..... MALE/FEMALE .....

NATIONALITY.....

I. D. NUMBER: .....

ADDRESS FOR CORRESPONDENCE.....

.....

TELEPHONE..... FAX.....

EMAIL ADDRESS: .....mandatory!

### EDUCATIONAL BACKGROUND *(start with highest qualification)*

QUALIFICATION	MAJOR SUBJECTS STUDIED <i>(especially in relation to the course being applied for).</i>	DATES

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Certified copies of educational certificates must be attached to this application form.

## EMPLOYMENT HISTORY

**CURRENT EMPLOYER:**.....

**POSITION:** .....

**ADDRESS:**.....

**TELEPHONE:**.....**FAX:**.....

**E-MAIL ADDRESS** .....(mandatory!)

PREVIOUS EMPLOYERS	POSITION TITLE & Major area of responsibility	PERIOD

## FINANCIAL SUPPORT

**NAME OF SPONSOR/PERSON RESPONSIBLE FOR FEES:** .....

**ADDRESS OF SPONSOR:**.....

**CONTACT PERSON:** .....

**TELEPHONE NO:** .....

**FAX:** ..... **EMAIL ADDRESS:** .....

- I have already been offered financial support
- I will apply for financial support if accepted on the course.
- I will pay for my tuition fees.  
(Tick in appropriate box).

**SIGNATURE OF APPLICANT** ..... **DATE**.....

An application/handling fee is payable on all applications, whether successful or not. For more information contact [admin@iwsd.co.zw](mailto:admin@iwsd.co.zw) or [training@iwsd.co.zw](mailto:training@iwsd.co.zw)

