



THE GREAT LAKES CENTER FOR CONFLICT RESOLUTION

APPLICATION FORM FOR SHORT TRAINING COURSES 2010

1. Course Information

Course Title: _____

2. Personal Information

Full Name (as will appear in a certificate) _____

Age: _____ Sex: _____ Nationality: _____

Job Title: _____ Organization: _____

3. Contact Information

Physical Address: _____

Phone: _____ E-mail: _____

4. Education Background (post-secondary education only)

Institution	Year	Qualification	Award

5. Work Experience (your most recent work experience relevant to this training)

Organization	Year	Position	Responsibility

6. Sponsorship

Are you paying the course fee yourself? Yes No

If not, give details of sponsor

Organization: _____ Contact Person: _____

Address: _____

Telephone: _____ E-mail: _____

7. Signature

Applicant _____ Sponsor (if applicable) _____

Return completed application form to our office at Plot 1 Samuel Doe Road (Opposite GUSCO) or e-mail to ropira@glaccr.org

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