

CENTRE FOR SOCIO-ECONOMIC RESEARCH AND TRAINING

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Application Form

Advanced Poverty Impact Evaluation Course

6 – 10 August 2007

Kampala - Uganda

Duration 5 days

Fee Shs 600,000

Closing date for application: 15 July 2007

Personal Details

Last Name ----- Title -----

Middle Name: ----- First Name: -----

E-mail ----- Tel: Office -----

Cell -----

Gender: Male

Female

Date of birth: -----

Employment Details

Name of organization -----

Department: -----

Contact person: -----

E-mail:-----

Physical Address-----

Postal Address -----

Tel:-----Fax:-----

Type of organization: Government/public NGO Private

Work Experience

Current position:-----

Description of your work:-----

From----- To-----

Previous work experience (*related to the subject of the course*)

Total number of years working experience relevant to the course: -----

Academic record:

(Field of study, education institution & location, qualification e.g. Bsc, MA, Msc, PhD, from – to, *begin with the most recent*)

Other relevant training:

What is the practical use of this course for your work?

Financial arrangements (please indicate who will be paying your fees):

Myself My Organization Other

If other, please state organization and its address:

Name:-----

Address:-----

Contact person:-----

I certify that I have answered the above questions truthfully:

Date: ----- Town: -----

To be returned to:

Course Director
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