

APPLICATION FORM (1 page)

POST GRADUATE CERTIFICATE COURSE IN PROFESSIONAL COUNSELLING

TO BE OFFERED AT KIGALI HEALTH INSTITUTE,

05th - 30TH JULY 2010

1. Full Name:

2. Age in years

3. Name and address of Institution your Institution:

4. Professional qualification(s):

5. Current job description:

6. Highest level attained at University studies

7. Briefly explain why you are interested in the course

8. Explain how you shall commit yourself to apply the skills acquired

Your signature

Date...../...../2010