



ARIPO REGIONAL TRAINING CENTRE (ARTC)



Republic of Ghana

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Belgravia
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Harare
ZIMBABWE

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REGISTRATION FORM

PERSONAL INFORMATION					
Course Name:					
Course Date:					
Surname:					
First Name(s):					
Gender (<i>Please tick</i>):	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>			
Nationality:		Country of Permanent Residence:			
ID No. (<i>if applicable</i>):					
Passport No.		Date of Expiry:		Place of Issue:	
Physical Address:					
Mailing Address:					
Telephone No.		Fax No.			
Email Address:					
CURRENT EMPLOYEMENT DETAILS					
Name of Employer:					
Address of Employer:					
Job Title:					
Responsibilities:					

EMPLOYER'S COMMITMENT / APPROVAL

(Where necessary/applicable)

The Nomination is approved by (name of authorizing authority) _____

Date: _____

Signature of authorizing authority: _____