



SEYCHELLES INSTITUTE OF MANAGEMENT

# COURSE APPLICATION FORM

Please complete the application form throughout in full.  
Read all instructions carefully. Tick  boxes as appropriate.

Please write clearly and legibly

### FOR OFFICE USE

App Chk'd		Credit Assessed	
Docs Chk'd		Student ID	
App Ent'd		Decision	

## PRIOR ENROLMENT

Have you ever applied or enrolled at SIM before?  Yes  No Student ID (if Yes): \_\_\_\_\_

## PERSONAL DETAILS

Title (Mr/Mrs...): \_\_\_\_\_ Given Names: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_ NIN: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

ACCA Reg. No: (if Applicable)
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### Mailing Address

**IMPORTANT!** This address will be used for ALL official correspondence. Please ensure the correctness of this address.  
If you wish to receive correspondence from SIM through your organization, include your organisation name in address line 1.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_ District/City: \_\_\_\_\_ Island: \_\_\_\_\_

Contact Numbers Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## INVOICE DETAILS (if the person paying is different from above)

Full names of person paying: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_ District/City: \_\_\_\_\_ Island: \_\_\_\_\_

## COURSE

Course Name: \_\_\_\_\_ Start Date \_\_\_\_\_

Study Mode:  Full Time  Part-Time  Distance How many years of experience do you have in this field? \_\_\_\_\_

Do you wish to apply for credit (recognition of prior learning)?  Yes (**Please Attach Transcript**)  No

Details: \_\_\_\_\_

## EMPLOYMENT SECTOR

Please tick **ONE** option only

- I am employed in the **Public Sector**
- I am employed in the **Private sector**
- I am **Self-employed**
- I am currently Unemployed

Please indicate your main sector category (**Please tick ONE only**)

- Agriculture/Fisheries
- Construction
- Utilities
- Transport
- Tourism
- Wholesale
- Leisure & Sports
- Business Support Services
- Health and Social Services
- Education
- Public Administration
- Non Profit
- Other

## EMPLOYMENT HISTORY

Please indicate your **3 most recent Posts** in chronological sequence, starting with **your current or most recent position**.

Name of Company	Post Title	Date	
		From	To

## THREE HIGHEST EDUCATIONAL QUALIFICATIONS

Please attach copies of your certificates **only if you are applying for a long qualification course**.

	Name of Qualification / Awarding Institution	Period of Study		Completed (Yes/No)
		From	To	
<b>1</b>	<hr/> Name of Qualification <hr/> Name of Awarding Institution			
<b>2</b>	<hr/> Name of Qualification <hr/> Name of Awarding Institution			
<b>3</b>	<hr/> Name of Qualification <hr/> Name of Awarding Institution			

## APPLICANT'S CHECKLIST AND DECLARATION

If you are applying for a long qualification course, please ensure that all the following items are true and correct. Failure to attach any of the materials below would adversely affect your application.

- Copies of certificates and result transcripts for qualifications listed.
- 1 copy of your Identity Card
- Payment of the application fee of **SR200** (non-refundable), where appropriate.


- I certify that all the information given by me in this application is true and correct and I understand that misrepresentation or omission is sufficient grounds for rejecting my application.
- I authorise any investigation of the above information for the purpose of verification.
- I authorise SIM to release details of my academic record as requested by other educational institutions to assist the processing of applications I make to such institutions.
- I authorise SIM to send an invoice for the course fees and I understand that I cannot begin study prior to invoice payment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please sign and send this application to SIM

**By Post**

**The Registrar  
Seychelles Institute of Management  
P.O. Box 678, Victoria, Mahé**

**By Fax:**

Fax No: 43 24 22

**By Email:**

Please scan your completed form and email to:  
**simsey@sim.sc**