APPLICATION FORM

PLEASE COMPLETE ALL PARTS OF THE APPLICATION FORM.

Date of Application: _____

QUALIFICATION APPLIED FOR (Please indicate):

Diploma in Transformational Leadership (Level 6)	**X**
ALI (CTL) Student Number:	

BIOGRAPHICAL INFORMATION:

Title: _____ Gender: _____ Age: _____

Surname: _____

First Name: _____

Other Names: _____

Date of Birth: _____ Identity Number: _____

Marital Status	
Never Married	
Married	
Divorced / Separated	
Widowed	

Financial Sponsor	
Self-Funding	
Company	
Individual sponsor	

Nationality: _____ Region of Origin: _____

Hometown: _____ Home Language: _____

Home Address: _____

_____

Office Phone: _____ Cell No: _____

Email: _____

Disabilities: YES/NO If yes, describe: _____

EDUCATION

Highest School Qualification: _____ Year Obtained: _____

Tertiary Qualification (write in full)

_____

Year obtained: _____ Qualification Level: _____

Institution (Write in full):

_____

ICT (Computer) Skills _____

Please submit the following:
Copy of your Certificate in Transformational Leadership ☐

EMPLOYMENT DETAILS:

Current employer: _____

Place of Work: _____

Position: _____

Nature of responsibility: _____

Town: _____

Region: _____

Why do you enrol for this leadership course?

_____

_____

Where did you hear about the African Leadership Institute?

_____

AGREEMENT:

I _____ (name of student) agree to the following terms and conditions:

1. To attend three weeks of training at the Rock Lodge (**shared accommodation**, meals and training included in the training fee)
2. To arrange and pay for my own transport to and from the Rock Lodge.
3. To **book and pay a commitment fee** for a seminar as part of the DTL curriculum (marriage or singles or relationship seminar). Fees and booking forms available at the ALI office and in your file.
4. To adhere to due dates as communicated on assessment activities.
5. To read all correspondence and adhere to the rules of the Institute and the Rock Lodge.
6. To enter into a mentoring relationship as a mentor and/or mentee as part of the DTL curriculum.
7. **FEES:** To pay my study fees as follows:

OPTION	**AMOUNT**	
Full Payment		Email proof of payment to admissions@ali.com.na
Sponsor Name:		Sponsor Email:
Installments (Specify)		Complete debit order form and email to admissions@ali.com.na

_____ _____

Student Signature Date

FEES for 2027

Diploma in Transformational Leadership (Level 6)	N$ 21 000.00

PLEASE NOTE: Incomplete applications will not be considered.

DEBIT ORDER DEDUCTION FORM

I hereby grant the African Leadership Institute permission to deduct money from my personal account. Account details are as follows:

Student Name: _____

Bank: _____

Branch Name: _____

Branch Code: _____

Account type: CHEQUE ☐ SAVINGS ☐

Account number: _____

Amount to be deducted monthly: N$ _____.00

Total amount to be deducted: N$ _____.00

Periods for which deductions should be made: _____ months

Date FROM WHEN deductions should be made:

(dd/mm/yyyy) _____/_____/_____

Date UNTIL WHEN deductions should be made:

(dd/mm/yyyy) _____/_____/_____

REFERENCE (Your Name and Surname): _____

Signed:

Date _____ Place _____

Signature for permission: _____