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| --- | --- |
| **PERSONAL DETAILS:** |  |
| **FIRST NAME:** |  |
| **SURNAME:** |  |
| **DATE OF BIRTH:** |  |
| **NATIONALITY:** |  |
| **JOINED WISTA (DATE):** |  |
| **WISTA COUNTRY:** |  |
| **PRESENT EMPLOYER:** |  |
| **POSITION:** |  |
| **HOW LONG:** |  |

|  |  |
| --- | --- |
| **CONTACT DETAILS:** | **TO BE USED FOR SCHOLARSHIP COMMUNICATION** |
| **TEL NUMBER** |  |
| **MOBILE NUMBER** |  |
| **EMAIL:** |  |
| **PHYSICAL ADDRESS:** |  |
| **LOCATION (where you intend to sit for the exams)** |  |

**STATEMENT: (advised reason of why you wish to proceed with this course)**

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By signing this form, the successful applicant:

1. Agrees to be considered for this Scholarship:
2. Confirms that all information completed on this form and the attached CV are accurate:
3. Should the applicant be successful, the Scholarship recipient,
   1. Has no objection and agrees to WISTA and ICS using this project for media purposes and use her personal data for this project.
   2. Consents to be interviewed as and where necessary during / or after completion of the course.

**SIGNATURE / DATE**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**