



KENYA INSTITUTE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

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Short Course Application Form only

Name of Applicant:

Course applied for:

Organization:

Designation:

E-Mail address:

Telephone:

Mobile:.....Fax:.....

Address.....

Approving Officer Name:

Approving Officer Signature:

Date approved:

Mode of Payment:

Please return this form to:

The Marketing Manager

Kenya Institute of Social Work and Community Development

KISWCD Management & Training Centre

County House, 3rd Floor

P.O. Box 57961 – 00200 Nairobi - Kenya

Tel: 2225555/ 340569 Fax: 2247539 Cell: 0733727406 Cell: 0713844333

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Please visit our Website: // www.kiswcd.co.ke

“Empowering the Community for sustainable development”

**All cheques should be drawn to KENYA INSTITUTE OF SOCIAL WORK AND
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