#### GENERAL INFORMATION FOR ALL APPLICANTS

#### PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION:

- All classes will take place on **Saturdays from 9a.m to 12 noon** (*3 hours per Saturday*) for a maximum **duration of 30 hours**. Any adjustments in time schedules will be at the discretion of the applicants, the lecturer and the Programme Leader.
- Prices for Short Courses on offer vary depending on course content. Information related to fees shall be provided seperately.
- ➤ All candidates need to settle a down-payment of half of the total cost of the intended course upon submission of the completed form. Any payment plan is subject to discussion and agreement with the Programme Leader and Human Resource & Administrative Manager prior to starting the course.
- Once payment is effected it is not refundable.

|   | TIME SCHEDULES  |   |                                   |  | CHARGES (Scr)  |                 |         |
|---|---|---|-----------------------------------|--|----------------|-----------------|---------|
| COURSE TITLE                                    |   |   |                                   |  | NORMAL<br>RATE | STUDENT<br>RATE |         |
| Drawing and Painting (Mr. Versange Louise)      | Drawing   | 06/04         13/04         20/04         27/04           9a.m-12 noon (3 hrs X 4 = 12 hrs) |                                   |  |                | 1500.00         | 1000.00 |
|   | Painting  | Painting     04/05     11/05     18/05     25/05       9a.m-12 noon (3 hrs X 4 = 12 hrs)    |                                   |  | 1500.00        | 1000.00         |         |
| Basic Sewing skills (Ms. Paulette Denis)        | Sewing Skills 1   | 9a.m-12 noon (3 hrs X 4 = 12 hrs)   |                                   |  | 1500.00        | 1000.00         |         |
|   | Sewing skills 2   | 07/10<br>9a.m-1   | 9a.m-12 noon (3 hrs X 4 = 12 hrs) |  |                | 1500.00         | 1000.00 |
| Basic Soft Furnishing (Ms. Chrisitine Reginald) | Soft Furnishing<br>Assembly 1   | 06/04         13/04         20/04         27/04           9a.m-12 noon (3 hrs X 4 = 12 hrs) |                                   |  | 1500.00        | 1000.00         |         |
|   | Soft Furnishing<br>Assembly 2   | 9a.m-12 noon (3 hrs X 4 = 12 hrs)   |                                   |  | 1500.00        | 1000.00         |         |
| Tie and Dye ( <i>Mr. Philip Volcère</i> )       | 9a.m-3p.m (5 hrs X 4 = 20 hrs)  |   |                                   |  | 3000.00        | 2000.00         |         |
| Photoshop (Mr. Marcus Finesse)                  | 9a.m-12 noon (3 hrs X 4 = 12 hrs)   |   |                                   |  | 1500.00        | 1000.00         |         |
| Fiber Craft (Mr.Emmanuel Freminot)              | 9a.m-12 noon (3 hrs X 4 = 12 hrs)   |   |                                   |  | 1500.00        | 1000.00         |         |
| Portraiture (Mr. Barry Gertrude)                |   | 3/04<br>2 noon (3 h   | $\frac{20/04}{rs X 4 = 12}$       |  | 27/04          | 1500.00         | 1000.00 |
| Video Editing (Mr. Allen Boniface)              | 06/04         13/04         20/04         27/04           9a.m-12 noon (3 hrs X 4 = 12 hrs) |   |                                   |  | 1500.00        | 1000.00         |         |



1. Surname:

## SEYCHELLES INSTITUTE OF ART AND DESIGN APPLICATION FORM FOR SHORT COURSE

#### IMPORTANT NOTICE TO ALL APPLICANTS:

- > PLEASE FILL OUT THE FORM IN BLOCK LETTERS
- ightarrow PROVIDE ALL INFORMATION AS INDICATED (WRITTEN OR A TICK (  $|\hspace{.06cm}\sqrt{\hspace{.06cm}}|$
- > USE N/A (NOT APPLICABLE) IF THE INFORMATION DOES NOT APPLY
- > ENSURE TO PROVIDE A VALID COPY OF YOUR IDENTIFICATION CARD
- > INCOMPLETE FORMS WILL NOT BE PROCESSED

#### SECTION 1: PERSONAL INFORMATION TO BE COMPLETED BY ALL APPLICANTS

| 2. Other names:   |                            |                             |  |  |  |  |
|---|----------------------------|-----------------------------|--|--|--|--|
| 3. Gender:  | 4. Date of Birth:          | 5. NIN (Attach Copy of ID): |  |  |  |  |
| Male Female   |                            |                             |  |  |  |  |
| 6. Nationality:   | 7. Personal Address (in fo | ull):                       |  |  |  |  |
|   |                            |                             |  |  |  |  |
| 8. Telephone Numbers:   | 9. Email address:          |                             |  |  |  |  |
| Home:   |                            |                             |  |  |  |  |
| Mobile:   |                            |                             |  |  |  |  |
| Work:   |                            |                             |  |  |  |  |
| 10. Short Course Applying for:                                      | (indicate only one)        |                             |  |  |  |  |
| Drawing and Painting  | Tie and Dye                | Portraiture                 |  |  |  |  |
| Basic Sewing skills   | Photoshop                  | Video Editing               |  |  |  |  |
| Basic Soft Furnishing   | Fiber Craft                |                             |  |  |  |  |
|   |                            |                             |  |  |  |  |
| SECTION 2: FOR APPLICANTS   | S BELOW 18 YEARS OF AGE    |                             |  |  |  |  |
| PARENT/GUARDIAN CONSENT   |                            |                             |  |  |  |  |
| 11. Full Name:  | 12. Relation to applicant: | 13. Contact details:        |  |  |  |  |
|   |                            |                             |  |  |  |  |
| 14.Current education/school status (specify level and school name): |                            |                             |  |  |  |  |
| Post- Secondary institution:  | Secondary School(S1-S5):   | Private School:             |  |  |  |  |
| Voor/Lovel:   |                            | Lavel                       |  |  |  |  |
| Year/Level:   | School Name:               | Level:                      |  |  |  |  |
|   |                            |                             |  |  |  |  |



# SEYCHELLES INSTITUTE OF ART AND DESIGN APPLICATION FORM FOR SHORT COURSE

### SECTION 3: FOR APPLICANTS ABOVE 18 YEARS OF AGE

| 11. Current status of e            | employment:                     |                          |                     |              |               |                |                        |    |
|------------------------------------|---------------------------------|--------------------------|---------------------|--------------|---------------|----------------|------------------------|----|
| Full time empl                     | oyment                          | nent Part time employmen |                     | ment         | Self-employed |                | Unemployed             |    |
| 12. Work Place addres              | ss (in full):                   |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
| 13.Last school attende             | ed:                             |                          |                     |              |               |                | _                      |    |
| <b>S4-(</b> <i>Year</i> <b>)</b> : | S5- (Year): Post-secondary      |                          | Post-secondary      | (Year):      |               | Others (Year): |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
| 14. Next of kin (in case           | e of an emerger                 | ncy):                    |                     |              |               |                |                        |    |
| Full Name:                         | Il Name: Relation to applicant: |                          |                     | Conta        | act details:  |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 | 1                        |                     |              |               |                |                        |    |
| TO BE COMPLETED                    | BY ALL APPLIC                   | CANTS                    |                     |              |               |                |                        |    |
|                                    |                                 |                          | Picture Policy Ag   | reement      |               |                |                        |    |
| I                                  |                                 |                          | _ (full names), giv | e permissio  | on to Sey     | chelles Insti  | itute of Art and Desig | ξn |
| to use any pictures tak            | •                               | my art                   | work during train   | ning for the | sole pu       | rpose of ma    | rketing and            |    |
| publication on behalf              | of the institute.               |                          |                     |              |               |                |                        |    |
| Signature:                         |                                 |                          | Date:               |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
| All Information provid             | ed are certified                | true ar                  | nd correct:         | Signatu      | ıre:          | 1 [            | Date:                  |    |
| Full name of Applican              | -                               |                          |                     | 0.8          |               |                | - 400                  |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
| FOR OFFICIAL USE                   |                                 |                          |                     |              |               |                |                        |    |
| Verification a                     | nd Confirmation                 | )                        |                     | Offic        | cial Stan     | пр             |                        |    |
| Programme Le                       | eader: <u>Mr. Dani</u> e        | el Dod                   | <u>in</u>           |              |               |                |                        |    |
| Signature:                         |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          | <del></del>         |              |               |                |                        |    |
| Date                               |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
| Authorisation                      | and Endorseme                   | ent                      |                     | Offic        | cial Stan     | пр             |                        |    |
| Registrar: Mrs                     | . Mifa Denis                    |                          |                     |              |               |                |                        |    |
| Signature:                         |                                 |                          |                     |              |               |                |                        |    |
| Date:                              |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |
|                                    |                                 |                          |                     |              |               |                |                        |    |