



SEYCHELLES INSTITUTE OF ART AND DESIGN
APPLICATION FOR SHORT COURSES

For Students only

Short Course Title: _____

1. Surname:		
2. Other names:		
3. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	4. Date of Birth:	5. NIN: <i>(Attach Copy)</i>
6. Nationality:	7. Personal Address (in full):	
8. Telephone Numbers:	Mobile:	Home:
9. Email address:		

PARENT/GUARDIAN CONSENT

10. Name in Full:	Relation to applicant:	Contact details:	
11. Current Education/school status <i>(specify level and school name)</i>	Post- Secondary Institution:	Secondary school(S1-S5):	Private school:
	Year/Level:	School Name:	Class:

Important information for Applicant

- * Please provide a copy of your ID card.**
- * Note that incomplete form will not be processed.**



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SCHEDULED TIME TABLE

Four Saturdays per month (30 hrs.)	9 am-12 Noon	
<p>* Please note that the courses fees are Rs 1500 per subject for a period of two and a half months. Payable (Sr 600 per month for 4 Saturdays).</p> <p>* kindly note that once payment is made, it is not refundable.</p>		
Signature(applicant):	Date:	
Signature (Parent/Guardian):	Date:	
<p><u>Picture policy.</u></p> <p>I _____ (<i>full names</i>) being the parent/guardian of the applicant, give permission to Seychelles Institute of Art and Design to publish pictures taken of my son/daughter, while undergoing training or other activities at the institute for professional purposes.</p> <p>Signature: _____ Date: _____</p>		
<p><u>For official use only:</u></p> <p>Form collected by (Name): _____ Date: _____</p> <p>Signature: _____</p>		