

DSW Bonita Training Centre

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TRAINING PROGRAMME 2011

ORGANISATIONAL NOMINATION FORM

As an organization, if you wish to nominate participants for training at DSW Training Centre, please complete this nomination form and submit it to DSW Training Centre preferably via the e-mail address above.

Name of Organization: _____

Postal Address: _____ E-mail: _____

Tel No: _____ Fax No: _____

We wish to nominate the following of our employees to participate in the scheduled courses:

| Name of Nominee | Job Title | Course Selected |
|-----------------|-----------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Name: _____ Designation: _____

Signature & Stamp: _____ Date: _____

Course Registration & Payment Procedure

To register for the course, nominated participants should each fill the course registration form and submit it to DSW Training Centre.

Payment can be made by cheque or through our bank account:

The account detail is below:

DSW Uganda
Account Number: 0102010776000
Standard Chartered Bank
Speke Road, Kampala, Uganda
Swift code: SCBLUGKAXXX