

A. Training Details

Course Name

Preferred Location for Training	Coromandel	<input type="checkbox"/>	Bel-Air	<input type="checkbox"/>
	Goodlands	<input type="checkbox"/>	Rose-Belle	<input type="checkbox"/>

B. Applicant Details

Title **Mr** **Mrs** **Miss** **NIC Number**

First Name _____ **Surname** _____

COVID 19 Vaccinated **Yes** **No**

Tel (Home)	Age Group	18-29	30-39	40-59	60 and above	N/A
Tel (Mobile)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address

Email Address

Highest Academic Qualification Attained

Current Employment/Student	Self-employed	Full-time employment	Part-time employment	Not employed	Student
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Business Details

C.1 Do you own a business? If No, please proceed to C.7	Yes <input type="checkbox"/>	C.2 Years of operation	Less than 2 years	2 years - 10 years	11 years - 30 years	More than 30 years
	No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C.3 Nature of business _____ **C.4 Sector** _____

C.5 Last Year Annual Turnover	Less than Rs 2 million	<input type="checkbox"/>	C.6 Current Number of Employees	Less than 5 employees	<input type="checkbox"/>
	Rs 2 million - Rs 10 million	<input type="checkbox"/>		5 - 10 Employees	<input type="checkbox"/>
	RS 11 million - Rs 50 million	<input type="checkbox"/>		More than 10 employees	<input type="checkbox"/>

C.7 How will this course be beneficial to you?

Signature _____ **Date** _____

Terms and Conditions

Course fees are non-refundable and cannot be carried forward.
 SME Mauritius Ltd reserves the right to cancel, postpone or change the date of the course, if minimum participation requirement is not met.
 SME Mauritius Ltd may use information on the application form for analysis purposes.