

Application Form for Diploma in Professional Business Coaching

Course Applied For

Please fill this form in BLOCK **CAPITALS**

1. Name With Initials (Rev./ Mr./ Mrs./ Ms./)

2. Full Name

3. Postal Address

4. Contact Telephone Nos.

Mobile

Residence

5. E mail Address

6. Date of Birth

D M Y

7. Age as at applying date

D M Y

8. Gender

Male Female

9. Nationality

10. NIC Number

11. District

12. Province

13. Educational Qualifications

(a.) G.C.E. Ordinary Level – (Please attach a certified copy of Certificate)

Year	Examination No.			
	Subject	Grade	Subject	Grade

(b.) G.C.E. Advanced Level – (Please attach a certified copy of A/L Certificate) *if applicable*

Subject	Grade

14. NVQ Level Qualification (if applicable)

15. Any Other Qualifications/working experience

16. Professional qualifications

17. Present Employment Details, if applicable (Institution, Designation, Employer etc.)

18. Are you a person with disability?

Yes	No
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19. If yes, please explain

20. Are you a **student of or have been selected as a student of the Uva Wellassa University of Sri Lanka?**

Yes	No
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If yes, Give Details: _____

(Please submit all registration details with the copies of relevant letters)

21. Are you a student or have registered for any other university of higher education institution?

Yes	No
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If yes, Give Details: _____

(Please submit all registration details with the copies of relevant letters)

22. Are you a currently registered or previously registered student for another course at the **Center for Open and Distance Learning of the Uva Wellassa University of Sri Lanka**

Yes	No
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If yes, Give Details: _____

(Please submit all registration details with the copies of relevant letters)

23. Any other Relevant information that you wish to inform

24. Declaration by the Applicant

I do hereby certify that the above Particulars furnished by me are true and accurate to the best of my Knowledge. In the event of my application for registration being accepted, I shall abide by the rules and regulation governing external candidates of Uva Wellassa University of Sri Lanka.

Date

Signature

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For Office Use Only

Selection Committee Recommendation		
Recommendation of the Programme coordinator	Recommended	Not Recommended
	Signature	

Payments Details

Description	Date received	Reference
Application Fee		
Course Fee		
Other		

File Reference