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| **Institute of Quality Systems** | **Training Application Form** | **IQS-MS-FM010** | **Version 4** | **Jan 2025** | **Page:****1 of 4** |

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| **Information to process your enrollment**  |
| **1.** | **Personal Details** |  |
| Title: Mr/ Mrs/ Ms |  |
| Last Name: |  |
| First Name/s: |  |
| Date of Birth (mm/dd/yy): |  |
| Gender  |  |
| Home Address |  |
|  |
| City: |  |
| Country: |  |
| Identity number |  |
| E-Mail: |  |
| Confirm Email:  |  |
|  | Country Code | City Code | Number | Type |
| Telephone 1 (Mobile & WhatsApp) |  |  |  |  |
| Telephone 2 (Business) |  |  |  |  |
| Telephone 3 (Home)  |  |  |  |  |
| Best time to contact |  |

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| **2.** | **Next Of Kin**  |
| Name |  |
| Relationship |  |
| Physical Address |  |
| Contact Number |  |

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| **3.** | **Work Information** |  |
| **3.1** | **Current Employment** |  |
|  | Position/Designation /Grade: |  |
|  | Type of Industrial Sector: |  |
|  | Name of Company: |  |
|  | Years employed in field of interest:  |  |
|  | Highest Education Level Attained: |  |
|  | Duration / Training Period:  |  |

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| **3.2** | **Previous Employment** |  |
|  | Position/Designation /Grade: |  |
|  | Type of Industrial Sector: |  |
|  | Name of Company: |  |
|  | Years employed in field of interest:  |  |

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| **4.** | **Program sought at IQS:**  |
| Title of Course |  |
| Full Course \ Specific Modules | Full Course |  | Specific Modules |  |
| If Specific Modules, List of Modules  |  |
|  |
| List of Elective/ Optional Modules preferred |  |
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|  |
| Mode of Study: Conventional/ Independent / Group study / Online | Conventional/ Physical |  | Online Independent |  |
| Online Group study |  | Distance Learning |  |

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| **5.**  | **Exemptions being applied for** |
| **a.** | Course title |  |
|  | Training Organisation or Institution |  |
|  | Duration |  |
|  | Grade |  |
|  | Year |  |
| **b.** | Course title |  |
|  | Training Organisation or Institution |  |
|  | Duration |  |
|  | Grade |  |
|  | Year |  |
| **c.** | Course title |  |
|  | Training Organisation or Institution |  |
|  | Duration |  |
|  | Grade |  |
|  | Year |  |

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| **d.** | Course title |  |
|  | Training Organisation or Institution |  |
|  | Duration |  |
|  | Grade |  |
|  | Year |  |
|  | Please, submit your CV, highest education qualification certificate, English proficiency certificate and certificates of exemption modules being sought as attachments.  |

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| **6.1** | **Method of Payment: Zimbabweans** | **Select options** |
|  | Bank Transfer |  | Paypal.com |  | Cash Payment |  |
|  | Cash Transfer  |  | Specify Bureau |  |
|  | Credit Card |  | Skip to the next section if you are not paying with your Credit card |
|  | Credit Card No: |  | Name on card: |  |
|  | Expiration Date (mm/yyyy):  |  | CCV/CVM | CCV |  | CVM |  |
|  |
| **6.2** | **Method of Payment: Foreigners** | **Select options** |
|  | Cash Transfer |  | Specify Bureau |  |
|  | Bank Transfer |  | Country |  |
| **Bank Details** |
| Name of Institution | Institute of Quality Systems |
| Bank | FBC bank |
| Branch | Nelson Madela Avenue |
| Branch Code | 8102 |
| Swift Code | FBCPZWHA |
| Bank Account | 2215397830184 |

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| **7** | **Preferred Mode of Study** | **Select options** |
| **7.1** | **Conventional Study/ Physical Study** |  |
|  | Mid-week  |  |
|  | Saturdays  |  |
|  | University vacation period |  |
|  | Block release |  |
| **7.2**  | **Online Study** |  |
| **7.2.1** | **Individual Study** |  |
|  | Students device their own study time and pace |
| **7.2.2**  | **Group Study** |  |
|  | Students registered as a group or class and undertake the course together. |
| **7.3**  | **Distance / Correspondence Learning** |  |
|  | Students learn by correspondence. Students receive material and assignments through email or mail/ post and they send completed assignments back through the same method. |
| **7.4** | **6.4 Virtual Training** |
|  | Students register to study virtually as a group via Teams platform. |

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| **8** | **Agreement to Terms and Conditions** |  |
|  | YES, I have read and AGREE to IQS terms and conditions |  |
|  | NO, I do not accept IQS terms and conditions |  |
| Signature |  | Date |  |