



**HUMAN  
RESOURCE  
DEVELOPMENT  
COUNCIL  
OF BOTSWANA**

**REGISTRATION FORM FOR  
RECOGNITION OF NON-CREDIT  
BEARING SHORT COURSES  
CAPACITATION WORKSHOP**

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**DETAILS OF THE PARTICIPATING ETP**

<b>1. NAME OF ETP:</b> .....			
<b>2. TYPE OF ETP:</b> (✓) <i>the appropriate box</i>	<b>CONVENTIONAL</b>	<b>WORKPLACE</b>	<b>CONSULTANT</b>
<b>3. ACCREDITATION No.:</b> .....		<b>4. EXPIRY DATE:</b> .....	
<b>5. MAILING ADDRESS:</b> .....			
<b>6. PHYSICAL ADDRESS:</b> .....			
<b>7. CONTACT PERSON:</b> .....		<b>8. TEL. NUMBER:</b> .....	
<b>9. EMAIL ADDRESS:</b> .....			
<b>10. DESIGNATION:</b> .....		<b>11. SIGNATURE:</b> .....	
<b>12. DATE:</b> .....			