



Online and Distance Learning Course Application

Thank you for your interest in our courses. Please submit the online application below. Responses to questions should be complete, containing concise details. After submission, you will be contacted within one business day.

PRIVACY NOTE: We ask for the information below to contact you online, and to better understand our student requirement and tailor our courses to your needs. We guarantee that none of your personal information shared or otherwise distributed outside Capacity Africa Institute.

If you encounter any technical challenges, have questions, or for any other inquiries please contact info@capacityafrica.com

Course Applied For: * _____

First Name: * _____ Last Name: * _____

Year of Birth: * _____ Month of Birth: _____ Gender: * _____

Occupation: Private Enterprise NGO Public Organization Academia Individual

Citizenship: * _____ Country of residence: * _____

Email Address: * _____

Where did you hear about the Capacity Africa short professional courses? (Check all that apply) *

- Capacity Africa Webpage Email Facebook Google search Twitter
 Peace and Collaborative Development Network Recommended by someone

Briefly describe your relevant education and work experience: _____

'Statement of Purpose' – please explain why you want to be part of this class (in 1 or 2 paragraphs): * _____

Kindly submit your application to info@capacityafrica.com stating the course you have applied for.