

Leadership Skills Programme - Application Form

PERSONAL DETAILS

Name

Letter of Recommendation
Included

Please tick

CPR#

Gender

Male
Female

Position | No. of Years in Position

_____ | _____

Home Tel #

Mobile #

e.mail

_____@_____

EMPLOYER'S DETAILS

CR No.: _____

Company Name

P.O. Box _____

Business Owner's Name

Office Tel

Fax

Sponsorship Regulations and Eligibility Criteria

Please ensure you meet the below criteria

Bahraini National

Please tick

Not benefiting from another LF sponsorship

Please tick

Business Owner or Manager

3+ years management experience
AND/OR undergraduate qualifications

I hereby accept the above terms and conditions.

Signature of Applicant

Date

Signature of Business Owner/HR/Training Manager & Company Stamp.

Please return this completed form to:
The Registrar, BIBF, P.O. Box 20525, Manama
Fax:
(+973 17 729 928 | 17 916 420 | 17 916 444