

Application Form
for Training Program of Data Analysis and Applied
Occupational Skills for African Countries

Surname		(photo)
Given Name		
Passport Number or ID Number		
E-mail		
Date of Birth (DD/MM/YYYY)		
Nationality		City, Country
Occupation		
Phone Number		
Employer/Organization		
The reason to choose this training program		
Which days will you prefer for the training? (Multi-Choice)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Do you have any background for Data Analysis?	If yes, please give a description for your data analysis background.	
Do you have any background for Chinese Language?	If yes, please give a description for your Chinese background.	
Recommendation Organization		
Name of Reference		
Email of Reference		

Please fill in this form and send it back to 444947294@qq.com before Apr 30, 2022.