

# Tax Administration Advisory Services Training Program Application

## Trainee Information

Course title:	Course date:	
Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Home Number (    )	Work Number (    )
E-Mail Address	FAX Number	Passport Number

Position	<b>Contact Person</b>		
	E-Mail	Phone Number (    )	FAX Number (    )

Educational background	Description of duties and responsibilities

Extent of out-of-country travel	Former work experience

If English is not your first language

**Attached are copies of:**     ALIGU (80)     TOEFL (525)     British Council competence scores (acceptable) in speaking and writing English

**Objectives in attending the training**

**Has funding already been obtained?**     Yes     No