



IGPMS

INSTITUTE OF GRANT & PROJECT
MANAGEMENT STUDIES
Transforming Success to Significance

APPLICATION FOR TRAINING

TRAINING REGISTRATION FORM (INDIVIDUAL)

Certificate & mentorship programmes | Complete all fields marked *

All data collected by IGPMS is treated as strictly confidential and is used solely for correspondence and to make an informed decision in relation to this application. It will not be disclosed to any person not authorized by IGPMS or who has not signed a Data Collection Confidentiality Agreement.

1 PERSONAL DETAILS

First Name *

Last Name

Gender *

Male

Female

Email Address *

Country

Years of Professional Experience *

1 - 3 Years

4 - 6 Years

7 Years and above

Company / Organization (or School, if a student) *

Phone Number (start with country code, e.g. +254...) *

2 COURSE & STUDY PREFERENCES

Course / Area you wish to be trained, coached, or mentored in *

Project Experience Summary *

Required for PMP eligibility: summarise years of experience, project types, and key responsibilities.



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Continued | Complete all fields marked *

Preferred Mode of Study

Virtual with the trainer

Distance Learning

Weekends (Saturday & Sunday)

Week Days (evenings from 5:30 PM EAT)

In-Person training (dates & venue to be agreed)

3 PURPOSE OF ENROLMENT

Education Background *

Profession or Areas of Interest

Why are you attending this course? *

e.g. skills enhancement, career advancement, company initiative

Your Intended Goal for Taking the Course

4 DECLARATION

I confirm that all information provided is accurate. I understand the course fee is as communicated to me and that upon completion, I will receive the IGPMS Certificate of Training (issued in lieu of the PMI PMP certificate after passing the official exam).

Confirmed

Not Confirmed

Signature

Date

Thank you for choosing IGPMS as your trusted mentor and coach
as you transform your SUCCESS to SIGNIFICANCE.