



APPLICATION FOR ADMISSION

Owner Manager Program

Professional achievement, years of experience and organizational responsibility are the main criteria for admission decisions. Each applicant's credentials will be reviewed by the Admissions Committee to ensure that the job responsibilities of each applicant are consistent with the aim of the program. Enrolment is limited and those submitting early applications will be given preference. Confirmation of admission will be sent after acceptance of the application.

PART A: PERSONAL INFORMATION PLEASE COMPLETE IN BLOCK CAPITALS

Mr. Mrs. Ms. Dr.
Official name (s)

Preferred name
(for name badge)

Date of Birth

Postal work address Postal code

Country Town

Official E-mail Phone Fax

Physical work address

Personal Email

Postal home address Personal Mobile Phone

Personal Assistant/Secretary: Name

E-mail Address Mobile Number

Passport Size
 Photograph



PART B: CURRENT POSITIONS

Please detail your current responsibilities. If multiple, please indicate on point 1, the organisation to which you devote most of your time and use 2 to detail the other one.

ORGANISATION 1

Name of Organisation	<input type="text"/>	Current Title	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>		
Postal code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
		Fax (Office)	<input type="text"/>
Email(Office)	<input type="text"/>	Company Web address	<input type="text"/>
Main field of activity	<input type="text"/>		
Annual sales	<input type="text"/>	No. of employees	<input type="text"/>
		Asset(s) under your management	<input type="text"/>
Sales managed	<input type="text"/>	To whom you report	<input type="text"/>
		No. of people managed	<input type="text"/>

ORGANISATION 2

Name of Organisation	<input type="text"/>	Current Title	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>		
Postal code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
		Fax (Office)	<input type="text"/>
Email(Office)	<input type="text"/>	Company Web address	<input type="text"/>
Main field of activity	<input type="text"/>		
Annual sales	<input type="text"/>	No. of employees	<input type="text"/>
		Asset(s) under your management	<input type="text"/>
Sales managed	<input type="text"/>	To whom you report	<input type="text"/>
		No. of people managed	<input type="text"/>

PART C: Experience within your current company

Please list all full-time positions you have held since you joined organisation 1 (listed in part B) starting with your current position.

Date			
Position			
No. of people managed			
Responsibilities			

Complementary Information

Higher education (University or graduate school). Starting with the most recent, please complete the table below.

Institution			
Location			
Degree			
Graduation Year			

Have you attended any professional programs? Starting with the most recent, please complete the table below:

Institution			
Location			
Degree			
Graduation Year			

On a scale of 1 – 10 please indicate in which of the following areas you feel you are most proficient (10 points) or at least (1 point).

Administration Human Factor and Personnel Marketing and Sales Production & Operations Information Systems Finance

In what way do you think you can contribute to the education of your fellow participants in the program?

Please indicate where you learnt about the program

Alumnus of Strathmore Direct Mail Internet Advert. Please indicate Media Specify

Do you have any dietary concerns that we should consider? e.g. Diabetic, Vegetarian etc.

PART D: BILLING DETAILS

Payment is due upon notification of admission and indicate the details that should appear on the invoice for this application. To enable us process your application, it is important that you complete all the following information. Please make your payments to Strathmore Business School.

Name of participant	<input type="text"/>		
Invoice to	<input type="text"/>		
Person in charge of invoicing (if different from above)	<input type="text"/>		
Billing address	<input type="text"/>		
City	<input type="text"/>	Town	<input type="text"/>
Postal code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Date	<input type="text"/>	Company Web address	<input type="text"/>

Cancellation Policy

All cancellations must be made in writing. Owing to the program demand and volume of the pre-program preparation, cancellations made less than a month upon confirmation, are subject to a penalty of 25% of total program fee.

Signature _____

Date _____

Contact Information

Please address applications, questions and requests for further information or other correspondence to:
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