



PREMIUM EDUCATION INTERNATIONAL CENTRE

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PROFESSIONAL CERTIFICATE IN HUMAN RESOURCE MANAGEMENT – CHCPD UK

APPLICATION FORM

Please complete this form in CAPITAL letter

Affix Passport

Photograph Here

PERSONAL DATA:

Surname _____
Other Names _____
Date of Birth: _____ Phone Number: _____
Contact Address: _____
Email Address: _____ Nationality: _____

QUALIFICATIONS:

Full Title of Award	Course	Years of Study (from - to)	Awarding Body	Status/Result

CURRENT EMPLOYER:

Name	Address	Designation

ANY OTHER INFORMATION YOU CONSIDER RELEVANT TO YOUR APPLICATION:

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