

Document No:	Form 1 AC	version:	03
Subject/Title:	Application Form	Effective Date:	January 2025

APPLICATION FORM

To be completed by applicant

Please use block letters.

Personal Details

First Name: _____ Surname: _____

Gender: _____ Date of Birth: _____

ID/Passport NO: _____ Email Address: _____

Mobile: _____ Postal Address: _____

Physical Address: _____

Course applied for

Entry Level: Year1 Year2 Year3

Study Mode: Full time Part time Virtual Physical Block Release (only post graduate programme)

Course Name	Certificate	Diploma	Degree	Post Graduate
				Certificate
				Diploma
				Masters

Guardian Details

Name: _____ Surname: _____

Mobile: _____ Relationship: _____

Email address: _____

Education and Experiences

Name of school	Date completed	Qualification

Physical Disabilities (If any)

Yes No

Tertiary Education

Name of Institution	Date completed	Qualification

Work Experience (attach confirmation letter, CV) if applicable

Employer	Date		Occupation
	From	To	

Sponsorship Details

DTEF

Employer

Name of Employer: _____

Self Sponsor

Requirements

- Certified copies of relevant Certificates
- Certified copies of ID/ Passport (Non-Citizen)
- Proof of payment (Application fee)

Kindly forward the application form with relevant documents to admissions@bibf.ac.bw.

Full Names: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Documents checked and verified by: _____

Date: _____ Signature: _____

