



PROGRAM REGISTRATION FORM

INFORMATION REQUIRED	YOUR DETAILS		
NAME			
ADDRESS			
TELEPHONE			
DATE OF BIRTH			
PASSPORT/ID NUMBER			
SELECTED PROGRAM DETAILS/ TITLE	FEE	PROGRAM	DATE
		←total	
	POSITION		DATES
CURRENT OCCUPATION			
PREVIOUS OCCUPATION			
QUALIFICATIONS, CERTIFICATES, ISSUING DEPARTMENT, DATE OF ACCOMPLISHMENT			
PAYMENT DETAILS, (PLEASE TICK)	BANK TRANSFER		PAY PAL

KINDLY FILL OUT THE BELOW QUESTIONNAIRE:

1. Why have you decided to take the following courses?

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2. What are your expectations after accomplishing the courses?

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3. What do you want to bring into the butler industry?

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4. Where do you see yourself in 5 years?

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5. What was/is your biggest challenge in your current position?

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6. What is your strongest character feature?

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7. Why have you chosen Magnums Butler Academy for the course provider?

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8. I have familiarized with Terms and Conditions

signature:

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Dear Applicant, thank you for your registration, kindly forward this form with
your **RESUME** attached to:

marta@magnumsbutleracademy.com when applying for Butler Program



👑 MAGNUMS BUTLER ACADEMY 👑
