

NATIONAL ACCREDITATION FOCAL POINTS (NAFPs) INFORMATION RECORD

1. **Country:** _____
2. **First Name(s):** _____
3. **Surname:** _____
4. **Maiden Name:** _____
5. **Title:** Mr/Mrs/Ms/Dr/Eng [*Delete inapplicable*]
6. **Date of Birth:** _____
7. **Name of Ministry/Organization in which NAFP is based:** _____

8. **Contact Details:**
 - 8.1 *Physical address:* _____

_____ *Code:* _____
 - 8.2 *Postal address:* _____
_____ *Code:* _____
 - 8.3 *Telephone No:* _____ *Direct Telephone No:* _____
 - 8.4 *Mobile No:* _____
 - 8.5 *Fax No:* _____ *Direct Fax No:* _____
 - 8.6 *Email:* _____ *Direct Email:* _____
9. **Current Position:** _____

10. **Academic Qualifications:** _____

11. **Professional Qualifications:** _____

12. **Work Experience:** _____

13. **Field of Expertise:** _____

14. **Training Courses Attended:** *[List courses/seminars/workshops attend and date of attendance]*

Course/Seminar/Workshop	Dates of attendance	Organized by

15. **Date of Appointment as an NAFP:** *[Copy of the official letter from your government to be attached]*

16. **Time Allocated to SADCAS Activities (%):** _____

17. **Name of Immediate Supervisor:** _____

Position of Immediate Supervisor: _____

Signature: _____

Date: _____