## APPLICATION FORM FOR NON-FROMAL



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Tailoring and Knitting

Hair dressing and saloon

## ST. SIMON PETER'S VOCATIONAL TRAINING CENTRE.

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## APPLICATION FORM FOR ADMISSION TO NON-FORMAL PROGRAMME FOR ACADEMIC YEAR 2017. (To be filled in capitals) PART ONE (APLICANT DETAILS) 1) Applicant details a) Surname ...... Other Names ..... b) Gender: (**Tick**) Male Female c) Date of birth......(d) Age ...... e) Nationality:- ...... (f) Home District: ..... g) Religion:-.... h) Permanent address:-....Tel:-... i) Disability (**if any**).....(j) Health problems (**if any**):-.... 2) Course applied for (tick against the selected course). No. Course name **Tick** Motor cycle Repair and Maintenance 1 2 Carpentry and Joinery (Wood Technology) 3 **Building Construction**

6	Wel	ding &	Fa	bricatio	on										
7	Car body work														
8	COMPUTER AIDED DRAWING/ARCHITECTURAL														
3) a) Du	ıratior	(tick)													
3 months 6 months 1 year 2 years															
b) In ta 4) <b>Secti</b> a) Day	on			nonths) arding		(Tick)	•••••			to	 	•••••	•••••		
5) Prima Examin	ary Le	aving	Exa	minatio	on (PI	<b>E):</b> Inde									Year of
SUBJ	ECT														
GRAI	ЭE														
_						U <b>CE):</b> In									Year o
SUBJ	ECT														
GRAI	ЭE														
Attach a	a phot	осору	of C	Certifica	ite / S	lip									
7) Ugan	ıda Ac	lvance	d Ce	ertificat	e of E	ducation	(UA	CE):-	Index	No	 			. Yea	r of
Examin	ation			• • • • • • • • • • • • • • • • • • • •			Scl	nool			 				
SUBJ	ECT														
GRAI	ЭE														
Attach a	a phot	осору	of C	Certifica	ite / S	lip									
8) <b>If an</b>	y othe	er qual	lific	ation (s	specif	<b>y</b> )									
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9) Attach to this form the following:-						
a) A Hand written application	(b) Recommendation from your former Head Teacher.					
c) A true copy of your results.	(d) Recommendation from your L.C.1 Chairperson.					
PART T	WO (PARENT/GUARDIAN DETAILS)					

10) Information on Parent / Guardian (delete as appropriate)					
a) Surname:	(b) Other name:				
c) Nationality :	(d) Occupation:				
e) Country / District of residence:					
f) Address:	Tel:				
11) <b>Declaration:</b> - I, the undersigned decla	re that the information give on this form is correct.				
Signature	Date				