



MINISTRY OF COMMUNITY DEVELOPMENT, CULTURE & GENDER AFFAIRS
NON-TRADITIONAL SKILLS TRAINING PROGRAMME FOR WOMEN

“Empowering Women for a Better Life”

APPLICATION FORM

(PLEASE PRINT CLEARLY IN BLOCK LETTERS)

(Last Name)			(First Name)			(Middle Name)		
Name:								
Address:								
.....								
Contact Numbers: (Home)				(Mobile)				
Date of Birth:			(Day)	(Month)	(Year)			
/			/					
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/>								
No. of Dependants:			Ages of Dependants: 0-5yrs <input type="checkbox"/> 6-13yrs <input type="checkbox"/> over 14yrs <input type="checkbox"/>					
ID Number:					NIS Number:			
<u>EMERGENCY CONTACT:</u>								
Name:			Contact Number:			Relationship:		
EDUCATION & TRAINING								
Educational Level Obtained: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other <input type="checkbox"/>								
Favourite Subjects in School:								
Other Courses Attended:								
.....								
Special Skills and Abilities:								
<u>RECOMMENDER:</u>								
Name:					Telephone:			
Address:					Occupation:			

“We Transform Lives”

From the list below, identify three (3) skills areas in which you are interested. Rank them one to three (1 - 3) in the order that you are most interested. Thus, rank as number one (1) the skill you want to do most.

Choose three (3) skills only. eg. 1 Plumbing 2 Carpentry 3 Automotive Repair

<p><u>CONSTRUCTION</u></p> <input type="checkbox"/> Carpentry <input type="checkbox"/> Domestic Painting <input type="checkbox"/> Electrical Installation <input type="checkbox"/> Kitchen Construction & Design <input type="checkbox"/> Masonry, Bricklaying & Tiling <input type="checkbox"/> Plumbing <input type="checkbox"/> Welding	<p><u>WOODWORK</u></p> <input type="checkbox"/> Cabinet Making <input type="checkbox"/> Carpentry <input type="checkbox"/> Furniture/Upholstery <input type="checkbox"/> Wooden Toys & Wooden Tourist Items	<p><u>INDUSTRIAL MAINTENANCE</u></p> <input type="checkbox"/> Air Condition Repair & Maintenance <input type="checkbox"/> Metal Fabrication/Bench Fitting <input type="checkbox"/> Small Engine Repair & Maintenance <input type="checkbox"/> Domestic Appliance Repairs & Maintenance <p><u>AUTO MAINTENANCE</u></p> <input type="checkbox"/> Auto Body Repair <input type="checkbox"/> Automotive Repair	<p><u>OTHER TRAINING</u></p> <input type="checkbox"/> Recording Engineering <input type="checkbox"/> Video Production <input type="checkbox"/> Bee Keeping <input type="checkbox"/> Computer Repair
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Please circle size

T-Shirt Size: S M L XL 2XL 3XL 4XL Coverall Size: S M L XL 2XL 3XL 4XL Boot Size:

MEDICAL & HEALTH RECORD

Do you have any of the following health conditions? Tick the relevant ones.

Allergies		Chronic Depression		Epilepsy	
Asthma		Diabetes		Mental Illness	

Any other illness? (Please specify).

EMPLOYMENT HISTORY

Have you ever been employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last employment (including position held):
Have you ever been dismissed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for dismissal:

I hereby declare that the information given by me on this form is true, complete and accurate to the best of my knowledge. I further understand that any false statement made could lead to my dismissal from this programme.

APPLICANT'S SIGNATURE: **DATE:**

- RETURN COMPLETED FORMS TO ONE OF THE FOLLOWING: -
1. COMMUNITY DEVELOPMENT DISTRICT OFFICE IN YOUR AREA
 2. THE INSTITUTION WHERE TRAINING WILL BE CONDUCTED
 3. THE PROGRAMME UNIT FOR THE NON-TRADITIONAL SKILLS TRAINING PROGRAMME

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