

APPLICATION FORM

A. PERSONAL DETAILS OF APPLICANT

Surname:

Full Names:

Date of Birth:

ID Number:

Candidate Number:

Postal Address: _____

Residential Address: _____

Telephone Number:

Home Language: _____

Gender: M F Hannah's Hope Hostel: Y N Physically challenged: Y N

Nature of disability:

B. FIELD OF STUDY (Tick (✓) in the box next to the programme you would like to apply for).

Hospitality and Tourism Level: _____ Hannah's Hope Y N

Office Administration Level: _____ Hannah's Hope Y N

Highest Qualification/Previous Institution (Name of Institution, Name of Qualification, Date of Completion)

C. UNDERTAKING BY APPLICANT

I understand that completion of this form does not necessarily mean automatic acceptance into the training programme requested. I agree to make myself available for an aptitude test and/or interview where and when required. If accepted into a training programme I undertake to sign the Code of Conduct thus agreeing to abide by the institutions rules and regulations.

Applicant's Signature: _____ Date: _____

Signature of Guardian (if under the age of 18): _____

(Kindly attach certified copies of birth certificate, and identification documents. Also include a colour passport photo with your application).

Please state the name (if any) of the person who referred you to Anistémi _____

D. DETAILS OF PERSON RESPONSIBLE FOR FEES

Surname: _____

Full Names: _____

Date of Birth: _____ - _____ - _____

ID Number: _____

Mobile No.: _____

E-mail: _____

Postal Address: _____

Residential Address: _____

Telephone Number: _____

Home Language: _____

Gender: M F

Job Title: _____

Employer's Name: _____

Employer's Physical Address: _____

Employer's Postal Address: _____

Employer's Telephone Number: _____

E. UNDERTAKING BY PERSON RESPONSIBLE FOR FEES

I, the undersigned, hereby take full responsibility for payment of the aforementioned student's accommodation and tuition fees.

(Please note that tuition fees do not include examination fees. Examination fees are determined by the certification provider and may change from time to time).

Guardian's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

For official use:				
	Result of Aptitude Test	Interview / Test Date	Result of Interview / Test	Approved / Not approved
Result & Date				
Initials of Evaluator				