

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 (v) in the box next to the programme you would like to apply for).

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

ICT Fundamentals 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)

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				