



TRAINEE APPLICATION FORM FOR ADMISSION 2021

Please fill in this form and return it to the above address. Please attach:

1. A copy of reference from the head teacher, Pastor or employer.
2. A Certified copy of your Form 5 or Matric certificate
3. Registration fee: E400.00

STUDENTS FULL NAME:

Personal Cell Number Identity Number

Email address:

DATE OF BIRTH: -----/-----/-----

POSTAL ADDREESS:

PHYSICAL ADDRESS:

EDUCATION:

Name of School last attended:

Standard of Form reached:

Leaving year:

WORK EXPERIENCE:

Employer:

Kind of Job:

Leaving Date:

MEDICAL FITNESS:

CHURCH OR DENOMINATION:

PARENT/GUARDIAN/SPONSOR FULL NAME:

Personal Cell Number Identity Number:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

WHICH COURSE DO YOU WANT TO FOLLOW?



Signature: Date: -----/-----/-----



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