



# Ministry of Youth & Sports



## Application for Free Skill Training Program

**Fully-Subsidized by the Government of Fiji through the Ministry of Youth & Sports**

### A] PERSONAL DETAILS

Name of Candidate(in Capital letters):		Address:	
		Postal	Physical
Fathers Name:			
Gender:			
Date of Birth:		Home phone contact:	
Telephone No#:		Email ID:	
Province(Yasana):		Village & District(Tikina):	
Whether any government sponsored skills training has been already attended			Yes/No
If Yes, give details of training			
Name of program you are applying for:			
Work Placement Assistance	Yes/No	If Yes will you get the job attachment on your own, and submit the record book before the completion of the program.....Yes/No	

### B] EDUCATIONAL BACKGROUND/QUALIFICATIONS/ACHIEVEMENTS

Qualification	Year	% or Marks	Certificate no#	Institution

<b>C] FINANCIAL DETAILS</b>			
Annual Total Family Income		Joint Card no#	
Personal Bank Account Number		Birth Certificate#	
Name of the Bank & Branch			

**E] HEALTH/MEDICAL&FITNESS BACKGROUND**

Any health or medical issue that you have that you need to let us know before joining the program.		Yes/No	
If Yes, Can you provide further details with a Doctors' support letter.			
Favorite Sport:		Hobbies:	
Allergies:			

**Declaration**

I hereby declare that the above is true, to the best of my knowledge and belief and I have not left any information undisclosed. Any information found incorrect, may render my Application to be rejected after selection.

I declare that I am fully aware and am consented to that the course I am attending is very important to my future undertakings and should not be discontinued through any misbehavior on my part.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

**Enclosures:** Passport size photo x 2(current)

- : Certified true copy of current medical report
- : Certified true copies of certificates and academic transcripts
- : Certified true copy of Birth Certificate