

Ministry of Public Security
Citizen Security Strengthening Programme (GY-L1042)
Technical and Vocational Skills Training
Registration Form

PLEASE RECORD ALL INFORMATION IN BLOCK LETTERS

Personal Data:

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ Date of Birth: _____
_____ Age: _____ Marital Status: _____
Home #: _____ Cell #: _____ Email: _____
Region: _____ Community: _____ Sex: M _____ F _____

Parent(s)/Guardian:

Name(s): _____ Relation to you: _____
Address: _____
_____ Cell #: _____

Education:

Last School Attended: _____ Last Class: _____
Age Last Attended School: _____ Previous training programs: _____
Last Employer (if any): _____

Interests:

Nearest Technical Institute to you: _____

Technical Skill Interested In:

001 - Motor Vehicle Repairs _____ 002 - Carpentry and Joinery _____ 003 - Electrical Installation _____
004 - Metal Work Engineering _____ 005 - Plumbing _____ 006 - Masonry _____
007 - Welding _____ 008 - Data Operations _____ 009 - General Office Admin _____
010 - Motor Vehicle Engine Systems _____ 011- Computer Studies _____ 012-Hospitality _____
013- Cosmetology _____ 014- Culinary skills _____ 015- Sewing and Fashion Designing _____
016- Theatre Arts _____ 017-Music _____ 018- Graphics Designing _____
019- Computer Repairs _____ 020- Operation of Excavator/Heavy Duty Machines _____
021- Servicing/Maintenance of Excavator/Heavy Duty Machines _____ 022. Climate Smart Agriculture[Shadehouse
farming _____ Hydroponics _____ Aqua farming _____]
023- Other _____

Learning Ability:

Do you have any difficulties: Reading _____ Hearing _____ Seeing _____ Other _____

Do you have any allergies or chronic illness _____

Are you: a. A Teenage Mother/father _____ b. Differently Abled _____ c. Single Parent _____
d. Employed _____

Are you the head of the household? _____ [Yes] [No]

I, _____ hereby declare that the information provided is true and correct. I also, agree to abide by the RULES and REGULATIONS of the institution that I am assigned to. I also, agree to abide by the agreement that outlines the conditions of my involvement in the programme.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Chairman of CAC : _____ Date: _____

FOR OFFICIALLY USE

Interview Date: _____ Name of CSSP Interviewer: _____

Interview Results: _____

Recommendation: _____

Name of Mentor Assigned: _____ Name of CAO: _____

Signature of Evaluator: _____