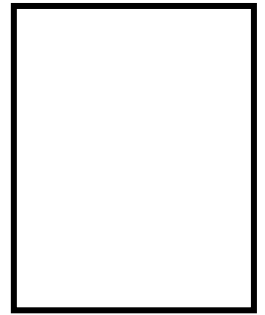




NAS APPLICATION FORM



Title: Mr Mrs Miss

Surname:

Other Names: **Alias**

Age **Date of Birth**

Address

.....

ID No.:

Phone No.: **Mobile**

Guardian's Name:

EDUCATION

Form III Form IV Form V Other

LANGUAGES

	<i>Read & Write</i>	<i>Speak Very Well</i>	<i>Speak Quite Well</i>	<i>Speak a Few Words</i>
<i>English</i>				
<i>French</i>				
<i>Other</i>				

COURSE APPLIED FOR:

Restaurant/Bar (1 Year) Pastry Production (1 Year) Food Production (2 Years)

Front Office (1 Year) Housekeeping (1 Year)

HAVE YOU HAD ANY SERIOUS DISEASE OR PHYSICAL OR MENTAL DISORDER YES/NO

HAVE YOU BEEN CONVICTED OF OR CURRENTLY CHARGED WITH ANY CRIME OR OFFENCE? YES/NO

IF THE ANSWER TO ANY OF THE ABOVE IS "YES", PLEASE GIVE DETAILS HERE

.....
.....

DECLARATION OF APPLICANT

I declare that the above information I have given in this application is truthful, complete and correct.

.....
Signature of Applicant **Name of Responsibility Party**

Date:
Signature of Responsible Party

QUESTION: Where did you learn that these courses being offered at the Constance Academy?

From a Friend From a BMPH Employee From Posters
From an Ex-Student From a LPM Employee

List of Documents Needed

- | | |
|--|--------------------------|
| 1. <i>Passport Size Photo (1 Only)</i> | <input type="checkbox"/> |
| 2. <i>Copy of Birth Certificate</i> | <input type="checkbox"/> |
| 3. <i>Copy of ID</i> | <input type="checkbox"/> |
| 4. <i>Copy of Last Certificates</i> | <input type="checkbox"/> |
| 5. <i>Copy Morality Certificate</i> | <input type="checkbox"/> |
| 6. <i>Medical Certificate</i> | <input type="checkbox"/> |
| 7. <i>Bank Acc No.</i> | <input type="checkbox"/> |

<i>Bank</i>	
<i>Branch</i>	
<i>Account No.</i>	