

12.(a) No. of Children: None 1-2 3-4 5-6 >6

(b) Children Information *(Validation in the form of birth certificates must be shown)*

SURNAME	FIRST NAME(S)	SEX <i>(Male/Female)</i>	DATE OF BIRTH <i>(dd/mm/yyyy)</i>

13. Employment *(List employment over the last three (03) years, most recent first)*

ORGANISATION/ COMPANY	EMPLOYER TELEPHONE	START DATE <i>(dd/mm/yyyy)</i>	END DATE <i>(dd/mm/yyyy)</i>	POSITION	INCOME

14. Education

(a) Highest Education Level Attained *(this section must be completed by all applicants):*

Primary Secondary Technical/Vocation Tertiary

(b) Schools Attended:

NAME	ENTRY DATE <i>(dd/mm/yyyy)</i>	EXIT DATE <i>(dd/mm/yyyy)</i>	EXAMINATION TAKEN

(c) Qualifications Achieved/Attained

(i) ACADEMIC

SUBJECT	LEVEL <i>(e.g. General, O, A)</i>	GRADE <i>(e.g. A, I, II)</i>

(ii) TECHNICAL/VOCATIONAL

COURSE	AWARD <i>(eg. Certificate, Diploma)</i>

(iii) TERTIARY

AREA OF STUDY	LEVEL (PhD, MSc, BSc, Dip)

15. Additional/Interested Areas of Study/Training (all applicants can complete; MY-PART & MILAT applicants **must** complete)

SUBJECTS/COURSES	LEVEL/AWARD

16. Hobbies:

17. Membership in Social Groups (e.g. Clubs, Youth Groups, Drama Groups, Cadet Force, etc.)

ORGANISATION/GROUP	DURATION			POSITION(S) HELD
	<6 months	6mths-2yrs	>2 years	

18. Sports:

19. Do you have any legal matters pending? YES NO
If "YES" please explain

20. Have you ever been convicted? YES NO If "YES" give details

CONVICTION	DATE OF CONVICTION (dd/mm/yyyy)	SENTENCE

21. Disabilities/Illnesses/Allergies. YES NO
If "YES" please explain

22. Certificate of Medical Fitness

I certify that _____ has been medically examined by me and is fit for involvement in normal physical activities.

MEDICAL OFFICER
MINISTRY OF HEALTH

DATE (dd/mm/yyyy)

Note: Not valid without an Official Stamp

23. Other Relevant Information

Have you ever been enlisted in any of the SYSPs before? YES NO

If "YES" state Programme(s) Name and dates of participation

PROGRAMME	DATE

24. I certify that all the above information given by me is true, complete and correct to the best of my knowledge and belief. I understand that any false statement or the withholding of any relevant information may hinder my eligibility to qualify for or result in my dismissal from, any of the programmes.

SIGNATURE

DATE (dd/mm/yyyy)

25. This is to certify that I, _____ am the legal Parent/Guardian of _____ and I give my full consent to have him/her enrolled in the SYSP/ _____ Programme for the stated period.

SIGNATURE

DATE (dd/mm/yyyy)

The following section is to be completed if the Trainee is selected for participation in the Programme

Registration

Declaration of Acceptance of Enlistment (Temporary):

I _____ hereby accept the offer of temporary enlistment in the CCC/MiLAT for the period _____ to _____ or any such period as may be deemed appropriate by the Administration of the Programme. I am prepared to accept the stipend rate of \$90.00/\$40.00 per day and to abide by the rules and regulations of the Programme as laid out in the Standing Orders for the Civilian Conservation Corps.

TRAINEE'S SIGNATURE

DATE (dd/mm/yyyy)

WITNESS