



Makoi Women's Vocational Training Centre

Address: Lot 2, Pritam Singh Rd, Makoi

Ph: +679-3394211

FIJI MUSLIM LEAGUE

Attach
Passport
Size Photo

STUDENT ENROLLMENT APPLICATION FORM

The Makoi Women's Vocational Training Centre (MWVTC) provides skills training and economic empowerment opportunities to Women from all works of life without discrimination to race, religion color or creed.

SECTION 1 APPLICANT SECTION

Title (Ms. Mrs): _____ Full Name: _____

Date of Birth: _____ Residential Address: _____

Postal Address: _____

Telephone & Mobile Contact: _____ Email: _____

SECTION 2 MARITAL STATUS

Single _____ Married _____ Separated _____ Divorced _____ Widow _____

SECTION 3 VOCATIONAL COURSES

Please indicate only one of the MWVTC course you wish to enroll in.

- National Certificate in Aged Care and Community Care Level-3
- National Certificate in Fashion, Manufacturing & Design (Level 2)
- Certificate of Participation in Culinary & Pastry

SECTION 4 EDUCATIONAL BACKGROUND

Please attach certified copies of results and qualification certificates

Primary:

Secondary:

Other Qualifications

Please list any other qualifications you have obtained from any other vocational or tertiary institution and attach certified copies of these qualifications. If you are awaiting graduation or completion from another institution, please submit copy of your completion letter or some documentary evidence from that institution.

Qualification	Institution	Year

SECTION 5

WORK EXPERIENCE

Please list any employment, volunteer or attachment work experience you have and the duration.

Position	Employer	Duration

SECTION 6

FINANCIAL DETAILS OF APPLICANT

Are you employed: Yes___ No___ Where? _____

Position: _____ Income (Gross): _____

If No, please indicate who will support you financially during the training and their relationship to you.

Name: _____ Relationship: _____ Combined Income (Gross): _____

Employer: _____ Position: _____

Please indicate your living arrangements: Own House___ Renting___ Parents___

Spouse___ Other___ Please specify: _____ If renting please indicate monthly rental: _____

Are you a Social Welfare recipient: _____ Are you a zakat recipient: _____

Do you have any children: Yes___ No___ How many: _____

Any other dependents: Yes___ No___ If yes please specify _____

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SECTION 7

OTHER PERSONAL DETAILS

Failure to provide or deliberate non-disclosure of information below may result in the de-registration or expulsion of the student from this institute.

1. Do you have any allergies? Please provide details:

2. Do you have any medical conditions which may affect or pose a danger to your health and or others around you? Please provide details:

3. Are you suffering from any impairment or disability to undertake or accomplish certain tasks or activities? Please state:

4. Please disclose if you consume any of the following: *Alcohol, Kava, Drugs, Cigarettes*, and or any other substances which may be injurious or pose a risk to you or your health or others around you:

5. Is there anything else that you wish to state, disclose or declare, and or comment on which may not have been disclosed above and which may be important and relevant to this application? Please state:

SECTION 7

EMERGENCY CONTACTS

Please provide the name and contact details of the person we should contact in case of emergency.

Name: _____ Mobile Contact _____

Address: _____ Relationship: _____

Blood Type: _____ Are you allergic to any medication such as Penicillin: Yes ___ No ___

Are there any special medications or injections that you take which we should be aware of such as Insulin or inhaler, etc? Please state:

SECTION 8

DECLARATION

I declare that the information and documentary evidence provided by me are true and accurate and I

1. Acknowledge that the MWVTC reserves the right to deny my admission to a programme or cancel my registration in any courses if the information given is incorrect and or incomplete or if there are insufficient resources available at the MWVTC for me to successfully complete the programme for which I have applied for or the course I have registered in;
2. Authorise the MWVTC to obtain further relevant information/documentation from relevant parties to verify and or support my application submitted herewith for assessment purposes;
3. Understand that any documentation I submit becomes the property of the MWVTC and will not be returned to me and will be used for official purposes only and will be treated with strict confidence;
4. Acknowledge that due to the confidential nature of this application, the MWVTC cannot disclose information to any third party without my written consent.

Applicants Signature: _____ Date:/...../.....

(Your application will be deemed incomplete if you do not sign this form)

Disclaimer:

It is the responsibility of each individual student to safeguard themselves and their property at all or any given times. The Makoi Women’s Vocational Training Centre (MWVTC) shall not be held responsible or liable for any **loss of property(ies)** (*personal items, personal properties, mobile devices, laptops, vehicle(s)*) any injuries or any loss whether financial or otherwise due to negligence, indirect or consequential damages sustained as a result of misuse, abuse, negligence, or negligent use of any items, machines, equipment, arising from or in relation to the use of MWVTC premises.

FOR OFFICIAL USE

1. Date application received: _____ Received By:

2. Application Vetted By: _____ Date: _____

Complete _____ Incomplete _____ Pending _____

Comments: _____

Name: _____ Signature: _____ Date: _____

Required Documents:

- 1. Copy of Birth Certificate
- 2. Copy of Photo ID
- 3. Recent Passport Size Photo (2)
- 4. Copies of Educational Certificate
- 5. Divorce Papers (copy)
- 6. Death Certificate of Spouse if Widowed } if applicable
- 7. Copy of Vaccination Card
- 8. Police Clearance Report- For Aged Care Course
- 9. CV
- 10. Tin Letter/ card } Aged Care Course

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Where to Send Your Completed Application Form

Please send your application to:

**The Manager
Makoi Women’s Vocational Training Centre
C/- Fiji Muslim League
P.O BOX 3990
Samabula, FIJI**