



NAKAWA VOCATIONAL TRAINING COLLEGE
MINISTRY OF EDUCATION AND SPORTS

Attach
Photograph of
Applicant

Application Form-DITTE (Government Sponsorship)

This application form is strictly meant for in service instructors. It should be filled by the applicant and returned together with 3 recent passport size photographs.

1. Personal Details

(i) Names of applicant _____

(ii) District of birth _____

(iii) Date of birth _____ (iv) Age _____

(v) Gender _____ (vi) Marital Status _____

(vii) Personal telephone contact and E-mail address.

Home District _____

Field of specialization		
Please tick the field of your choice	1	Electronic Engineering
	2	Electrical Engineering
	3	Automobile Engineering
	4	Metal Fabrication
	5	Civil and Building Engineering

2. Institution Details

Name of Institution _____

Category (Private / Public) _____

Status (Vocational / Technical) _____

Address _____

Telephone _____ Email _____

Physical Location _____

District/Region _____

3. Educational Background (Attach photocopies of testimonials)

Name of School / Institution	Years Attended		Qualification Obtained	Grade if applicable
	From	To		

Major subjects studied at the last institution attended:

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

4. Industrial experience

Please give details of any experience or training with industry. Attach any supporting document.

Industry	From	To	Qualification

5. Employment Record

Position held	Year		Name of organization
	From	To	

Course Expectations

6. Declaration

I hereby declare that the information given above is true to the best of my understanding and that after the course, I will return to my place of work.

Signature of nominee

Official nomination by the Head of Institution

I certify that the applicant has the necessary qualifications to undertake the course and therefore nominate him. (***Attach recommendation letter***)

Signature and stamp

Title

Date

HEALTH DECLARATION FORM

1. Applicant will check 'Yes' or 'No' and explain

	Yes	No		Explanation
a.			Have you had any significant or serious illness or injury? (If hospitalized, give place and dates).	
b.			Have you had any operations or advice by a physician or have an operation (Give place and dates).	
c.			Do you currently use any drugs for treatment of a medical condition? (Give name and dose).	
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a Psychiatrist? (Give place and dates).	

10. Applicant will indicate 'Yes' or 'No' to each item. Do you now have or have you ever had the conditions listed below?

(Check each item, if YES, enclose the relevant condition with a circle).

	Yes	No	Condition
a.			Asthma, Emphysema, or other lung conditions
b.			Tuberculosis or live with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), gall bladder disease
e.			Kidney or bladder disease, stone or blood I urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor, abdominal growth, cyst, or cancer
j.			Bleeding disorder, blood disease (sickle cell anemia)

11. I certify that I have read the above instructions and answered all questions truly and completely to the best of my knowledge.