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| Passport Size  Photo |



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| **SkYE FUND TRAINING ENROLMENT FORM** | | | | | |
| **PERSONAL INFORMATION SECTION** | | | | | |
| Last Name | Jallow | First Name | E.g. Ousman | Other Name | E.g. Jari |
| Date of Birth | E.g. 05/09/2001 | Gender | E.g. Male | Contact No | E.g. 7503535 |
| Email | E.g. ousmanjari@gmail.com | | | | |
| Address | E.g. Sukuta, Kombo North District, West Coast Region, The Gambia | | | | |
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| **PARENT/GUARDIAN SECTION** | | | | | |
| Father/Guardian’s Name | E.g. Lamarana Jallow | Email | | E.g. lama@hotmail.com | |
| Address | Sukuta, Kombo North | | Telephone # | | E.g. 3903535 |
| Mother/Guardian’s Name | E.g. Fatoumatta Bah | Email | | E.g. Nil | |
| Address | Serekunda | | Telephone # | | 3503535 |

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| **EDUCATIONAL BACKGROUND SECTION** | | | |
| **WHAT IS YOUR EDUCATION LEVEL? (Please tick)**  **Primary School  Junior School**  **Senior Secondary (WASSCE)  Tertiary / Vocational** | | | |
| **PREVIOUS EDUCATION SECTION** | | | |
| **School Name** | **Highest Level** | **Completion Status** | **Average Grade** |
| E.g. Gambia Senior Secondary School | Grade 12 | Completed | Credit |
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| **APPLICATION COURSE SECTION** | | | |
| **PLEASE SELECT THE COURSE YOU INTEND TO ENROLL (Please tick)**  **Creative Design Technician (Graphic Design)**  **Administrative Secretary / Office Assistant** | | | |

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| **EXPERIENCE SECTION** |
| **Are you a returnee? (Please tick)**  **YES  NO**  **Have you ever benefitted from yep funded program?**  **YES  NO**  **Are you currently employed?**  **YES  NO**  **Are you enrolled in an educational program?**  **YES  NO** |
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| **APPLICATION COURSE SECTION** |
| **PLEASE SELECT THE COURSE YOU INTEND TO ENROLL (Please tick)**  **Creative Design Technician (Graphic Design)**  **Administrative Secretary / Office Assistant** |

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| **DECLARATION** |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and my admission may be forfeited.    I am willing to undergo the nine months of intensive learning with a three months internship / job placement in the above selected area without force or undue influence and I am ready to do all assigned work and assessments during and after the program.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 05/09/2021 |

**Please, attach the following supporting documents to this application**

1. **Any of the following national documents:** Birth Certificate, National Identity Card, Passport or Gambian Driving License
2. **Any of the following education documents:** Certificate, Testimonial, Transcript or Examination Result

**PLEASE DO NOT WRITE BELOW THIS LIN**

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| **OFFICIAL USE** |
| I admit Mr. /Mrs. / Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on behalf of the Management of Smart Professional College and approve / not approve his/her application. He/she shall be invited for interview at the college on the \_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021.  Name of Approving Authority:  Designation:  Date:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Thank you for taking time to complete this application form.  Please submit the completed form at Smart Professional College, Kairaba Avenue, Opposite FIB Building, Kanifing Municipality no later than 18th September 2021. We will contact you before the interview.  For any enquiries, please contact Demba Janneh +220 3746884 / 2755110 / 6575762 / 9223119 / 2755110 |