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SkYE Student Application Form

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| **A. PERSONAL DETAILS (\*)** | | | | | | | | | | | | | | | | |
| **Student Registration Number (\*)** | |  | |  | | | | |  | | | |  | | | |
| **Title** | | | | **Mr.** | | |  | **Mrs**. | |  | **Ms.** | | | |  | |
| **Surname** | | | |  | | | | | | | | | | | | |
| **First Name** | | | | **Other Names:** | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| **Date of Birth** | | | | **Month** | | | **Day** | **Year** | | **Age** |  | | **Gender:**  **Female** | | **Male** | |
| **Address**  **National ID** | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Telephone** | | | | **(Home)** | | |  | **(Work)** | |  | **(Cell)** | | | |  | |
| **Email Address** | | | |  | | | | | | | | | | | | |
| **Country of Birth** | | | |  | | | | | | | | | | | | |
| **Nationality** | | | |  | | | | | | | | | | | | |
| **Medical Information**  **(Any Frequent Illness)** | | | |  | | | | | | | | | | | | |
| **B. EMERGENCY CONTACT** | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Telephone** | | | **(Home)** | | | |  | **(Work)** | |  |  | | | |  | |
| **PROGRAMME/COURSE INFORMATION (Refer to Current Course Listing / Available courses) (\*)** | | | | | | | | | | | | | | | | | |
| **Indicate your Programme/Course:** | | | | | | |  | | | | | | | | | | |
| **Indicate ALL study options that you are prepared to do:** | | | | | | | Paper-Based Face-to-Face Online Blended | | | | | | | | | |  |
| **C. OTHER REQUIREMENTS** | | | | | | | | | | | | | | | | |
| **Do you have any form of Disability?** Yes No  **If Yes**, **please describe:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Or if Yes, Tick all that apply :**  Hearing Self Care  Walking Communicating  Remembering More than one disability | | | | | | | | | | | | | | | | |
| **D. EDUCATION STATUS / QUALIFICATIONS** | | | | | | | | | | | | | | | | |
| **Awarding Body** | | | | **Qualification** | | | | | | | **Level** | | **Year** | | | |
|  | | | |  | | | | | | |  | |  | | | |
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| **E. WORK EXPERIENCE** | | | | | | | | | | | | | | | | |
| **Position Held** | | | | **Organization** | | | | | | | **From (date)** | | **To (date)** | | | |
|  | | | |  | | | | | | |  | |  | | | |
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**(\*) DECLARATION**

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application will invalidate my application.

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Signature of applicant Date

*Please submit along with this Application Form:*

* *High school diploma*
* *SkYE Disadvantaged Questionnaire*
* *CXC results*
* *College transcript*
* *1 passport size photo*
* *Resume (if any)*