

MINISTRY OF EMPLOYMENT AND SOCIAL AFFAIRS
EMPLOYMENT DEPARTMENT
EMPLOYMENT PROMOTION DIVISION
CENTRE FOR SKILLS DEVELOPMENT

Registration Form for CSD Training Schemes

Please write in Capital letter only. Attach a copy of your National Identity Card, Certificates and or references. Please note that your application may be invalidated if it contains false statement, you conceal information relevant to your application, you commit or have committed an unspent offence under the Laws of Seychelles or any part of it amounts to deception.

Section I – Personal Details

A. Given Names:- First Name:- Other Names:- Maiden Surname:- Surname

B. Date of Birth: Date/Month/Year Age Country of Birth Nationality Sex

C. Address: Residential District Postal Address Fax Email

D. Status: Single Married No of Children Cohabitation Age of Children N.I.N

E. Home Tel: **Mobile** **Own Emergency Contact:**

F. Name of Mother **Tel:** **Name of Father** **Tel:**

G. Work Place **Tel** **Work Place** **Tel**

H. Please indicate which scheme you wish to join APS SAP PSBD

I. Indicate your first career choice **your second career choice**

J. Please explain why you want to join the above scheme and career?

K. Please state if you have any physical or mental disability which could affect your training?

L. Job Card No Date Registered Expiry Date

Section II Education Details – Please begin with most recent

A.	Name of Institution, Location, Country	Years Attended		Qualification Obtained	Date Awarded
		From	To		
1					
2					
3					
4					

Section III Training Details – Please begin with most recent.

A.	Course Name – Location, Country	Years Attended		Qualification Obtained	Date Awarded
		From	To		
1					
2					
3					

Section IV Languages – Tick in appropriate box.

A		Ability to - Speak			Write			Read			Understand		
		V. Good	Good	Poor	V. Good	Good	Poor	V. Good	Good	Poor	V. Good	Good	Poor
1	Creole												
2	English												
3	French												
4.													

Section V Employment History

A	Years of Work		Job Title	Main Duties	Employer & Address
	From	To			
1.			Title:..... Salary: Reason for leaving:.....
2.			Title:..... Salary: Reason for leaving:.....

B. Is it ok for us to ask your present or past employer about you?

Yes No

If no please explain Why:

.....
.....

C Have you ever committed or been connected to a criminal offence? No Yes
 If yes please explain nature and year.

.....

.....

Section VI Referees: Name of two persons who have known you for at least 2 yrs and are not related to you.

A	Name	Address	Profession/ Title
1			
2			

Other Data. Hobbies, Pastimes, Sports etc.

A	Name of Sport you Play	Position or Title	Grade	Years of Experience
1				
2				
3				
4				

B	Hobbies or Pastimes
1	
2	
3	

Section VII Declaration

I declare that once recruited, I shall adhere to the Code of Ethics, Code of practice, rules and regulations of the CSD and the host organisation. I shall endeavour to complete the full term of my training programme and obtain the best result. I promise to give notice of not less than 15 days if I cannot continue my training failing which measures may be taken against me according to existing legislation.

I certify that the statement made by me and in answer to the above questions are true and complete. I also understand that if I am recruited or employed and any of my statements are proved false, I may be instantly dismissed. I therefore declare that I am a law abiding citizen of good character and of sound physical and mental health and to the best of my knowledge the above is true and correct.

Signature:.....

Date:.....

OFFICIAL USE ONLY

Receiving Officer:.....

Signature:.....

Date:.....

Action taken:.....

Remarks:.....

CSD

Feb 2007