



GWAMILE VOCTIM
GWAMILE VOCATIONAL AND COMMERCIAL
TRAINING INSTITUTE MATSAPHA
KINGDOM OF ESWATINI



APPLICATION FOR 2024 ADMISSION

Surname			
First Name(s)			
PIN			
(Please tick where appropriate) Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Any Form of Disability Yes <input type="checkbox"/> No <input type="checkbox"/>
If <u>Yes</u>, state			
Nationality			
Postal Address			
Physical Address			
Contact Number			
Region			
Chief			
Indvuna			
Parent/Guardian			
Address			
Contact Number			
Place of Employment			
O'Level / SGCSE Examination Year			
School			
Course Applying For			



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DECLARATION BY APPLICANT

I declare that the above information is correct. I have attached copies of all relevant certificates. If accepted for training, I promise to abide by the rules and regulations of the Institution.

Date: **Applicant's Signature:**

NB

- (i) Application to be accompanied by:
 - a. A receipt of **E100.00** payable at any **Government Revenue Office, Account No: 304/6002/61101** and **submit receipt with the application form.**
 - b. Certified copies of academic certificates.
 - c. Certified copy of national ID.
 - d. Certified copy of birth certificate.
- (ii) Deadline for return of application is **Friday, 12 April 2024.**
- (iii) Application forms with incomplete enclosures will not be accepted.
- (iv) The list of candidates qualifying for the **intake interview** will be posted at the institute's reception, website, and Facebook page. This list will be available on Wednesday, 17 April 2024, with interviews scheduled for **Wednesday, 24 April 2024.** Applicants are urged to mark these dates on their calendars.

DECLARATION BY EMPLOYER

If apprentice, the employer shall provide the following information:

I certify that Mr/Ms is serving an apprenticeship with our organization in from to (date). I agree to release the apprentice according to the pattern and duration plan of training as stipulated by the Institute.

Date: **Designation**

Name: **Signature**