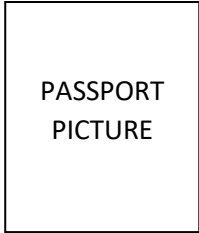




TECHNICAL INSTITUTE OF BUILDING SERVICES ADMISSION FORM



1. PERSONAL INFORMATION

Surname.....

First Name:

Middle Name:

Date of Birth (DD/MM/YY):

Place of Birth (Town, Region & Country):

Gender: Male Female

Nationality.....

Postal Address (P. O. Box):

Residential Address (House number, Street etc):

.....

Mobile Phone: Home Phone:

Email:

2. ACADEMIC RECORD INSTITUTION

CERTIFICATE

YEAR

a.

b.

c.

3. EMPLOYMENT RECORDS COMPANY

POSITION

YEAR

d.

e.

f.

4. ENGLISH REQUIREMENTS

Was English the language of instruction for your studies? Yes No



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5. CHOICE OF PROGRAM (Plumbing and Gas Technology)

National Proficiency Certificate 1&2 National Certificate 1&2 Diploma

Morning Afternoon Evening (Please Tick as appropriate)

6. FUNDING

Which of the following source of finance do you propose to use in funding your TIBS Program?

Self-funding Self-funding with employer contribution Scholarship

Employer sponsorship Other (please specify)

7. PHYSICAL CHALLENGE (S)

Do you have any special needs or require support as a consequence of any disability or medical condition?

Yes No

If you have answered "Yes" to the above question, please describe the disability or medical condition.

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8. SOURCE OF INFORMATION ON TIBS

Presentation Radio TV Personal Recommendation

Internet Publication/Advertisement Others

9. REFERENCE (Provide below details of ONE referee)

Name:

Position:

Contact: