

Qualifications:

Subject	Year	Examining Body	Level	Grade

Tell Us About Yourself:

Are you a member of a Youth/Community Group/Sports Club?

Do you have any special interests/hobbies or skills?

Are you presently employed? _____

(If 'Yes', please state whether full-time or part-time)

What career would you like to pursue? _____

State three alternative choices:

(1) _____

(2) _____

(3) _____

Can you swim? _____

My religion is: _____

I have a disability which is: _____

Please provide the following sizes: (1) Shirt _____

(2) Pants _____

(3) Shoe _____

Medical Questionnaire:

Do you have or have you ever had:

	Yes	No	If Yes, please state the date & duration of illness. Give names and addresses of doctors consulted
Rheumatic Fever			
Asthma			
Allergies			
Epilepsy			
Diabetes			

Do you have any mental or physical disorders not listed above?

(If Yes, please explain)

Are you allergic to any medication?

(Please list above)

What is your blood type?

Do you follow a special diet? If so, please explain.

This application package also includes two reference forms and the following should be submitted:

- (a) A Certified copy of your Birth Certificate
- (b) Certified copies of Qualifications
- (c) A Police Certificate of Character
- (d) A copy of your last School Report
- (e) A Medical Certificate
- (f) Two certified recent passport size photographs

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Application No.: