



VOCATIONAL TRAINING OPPORTUNITY CENTER

[To serve young girls and women from the disadvantaged sectors]

No.12, Jalan Hang Jebat, 50150 Kuala Lumpur, Malaysia

Indicate 1st & 2nd choice

COURSES AVAILABLE:

- 1. Computer, Secretarial & Basic Accounting
2. Kindergarten Teachers' Training
3. Sewing & Tailoring
4. Culinary & Bakery
5. Healthcare Worker
6. Hairdressing/Beauty Care/Make-up

Large empty rectangular box for notes or additional information.

PERSONAL DETAILS

SECTION A

Full Name in Block Letters (as in I/C and underline surname)

NRIC No.

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Permanent Address

Correspondence Address (if different from personal address)

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Tel: -----

Tel: -----

Hand Phone: -----

Hand Phone: -----

Date of Birth: -----

Height: ----- m

Weight: ----- kg.

Nationality: -----

Race: -----

Religion: -----

spoken written

spoken written

Languages Bahasa Malaysia

English

Tamil

Mandarin

**SECTION B**

**EDUCATIONAL BACKGROUND**

Name of School and Address	Period	Level

School Examination Results (SRP/PMR)

Level:

Subject	Grade	Subject	Grade

School Examination Results (SPM)

Level:

Subject	Grade	Subject	Grade

School Examination Results (STPM)

Level:

Subject	Grade	Subject	Grade

Extra-Curricular Activities (Details of any school ECA-Organisation/Group and position held)

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**SECTION C**

**WORKING EXPERIENCE**

Name of Employer and Address	Nature of Work	Period	Salary

**SECTION D**

**HEALTH CONDITIONS**

	Please answer the following (tick YES or NO accordingly)	YES	NO
1	Is any member of your family an alcohol/drug dependent		
2	Are you physically handicapped/deaf/dumb/blind		
3	Have you suffered from any serious illness/disease/allergies		
4	Do you suffer from any contagious disease (TB, leprosy, VD, HIV, etc.)		
5	Are you suffering from diabetes/asthma/epilepsy/gastritis		
6	Are you a slow learner		

If answer to any of the above is **YES**, please give details:

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Please give details of any illness or disability that requires attention.

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**SECTION E**

**SOCIAL BACKGROUND**

	Please answer the following questions (tick YES or NO accordingly)	YES	NO
1	Have you ever had a police report?		
2	Did you leave school on your own accord before completion?		
3	Are you an adopted child?		
4	Are your parents separated or divorced?		
5	Do you or your family have any serious problems?		

If the answer to any of the above is YES, please give details: -----  
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**SECTION F**

**FAMILY BACKGROUND**

**A: Father**

Name: -----

Age: ----- NRIC NO. -----

Home Address: -----  
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Tel. No./Handphone No: -----

Name and Address of Employer: ----- Occupation: -----

----- Salary: -----

----- Tel. No: -----

If deceased, state year ----- If living apart, state year -----

**B: Mother**

Name: -----

Age: ----- NRIC No: -----

Home Address: -----  
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Tel. No: ----- Hand Phone No: -----

Name of Employer: ----- Occupation: -----

----- Salary: -----

Tel. No. -----

If deceased, state year ----- If living apart, state year -----  
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**C. Legal Guardian (if applicable)**

Name: -----

Age: ----- NRIC No: -----

Home Address: -----  
-----

Tel. No: ----- Hand Phone No: -----

Name of Employer: ----- Occupation: -----

----- Salary: -----

Tel. No. -----  
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Names and Particulars of all Brothers & Sisters:

Name	Relationship	Age	Marital Status	Occupation	Salary

**SECTION G**

**RECOMMENDED BY**

Name: ----- NRIC No: -----

Home Address: -----  
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Tel. No: ----- Hand Phone No: -----

Office Address: ----- Occupation: -----

----- Tel. No: -----

Signature: -----

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**PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS**

Identity Card (both sides)/My Card

School Leaving and Records of Participation in extra-curricular Activities

Birth Certificate

PMR/SPM/STPM Certificate or Result Slip

Testimonial(s)

**DECLARATION BY APPLICANT**

I declare that, to the best of my knowledge, all the information contained in this application form is complete and true. I further declare that I am applying entirely of my own free will and that I am not compelled by my parent(s) or guardian. If my application is successful, I undertake being given this opportunity, I shall not withdraw before the completion of my stay and training in Vocational Training Opportunity Center without the prior consent of the authorities and family.

Name: ----- NRIC NO: -----

Signature of Applicant:

Date:

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**DECLARATION BY APPLICANT'S PARENT/GUARDIAN AND STATEMENT OF GENERAL INDEMNITY**

I declare that, to the best of my knowledge, all the information in his application form is complete and true. I fully approve of my daughter/charge's application. If this application is successful, I place my daughter/charge under the guardianship of the Board and its officers and I delegate to them by authority over her. I permit them to guide her, where necessary.

I also authorize the officers of the Vocational Training Opportunity Center to make appropriate arrangement for my daughter/charge to receive dental, medical and surgical treatment as deemed necessary. Where the treatment requires the specific consent of a parent, I authorize the officers of the Vocational Training Opportunity Center to give consent on my behalf.

***I agree to my daughter/ward, completing the full period of training and shall reimburse the Vocational Training Opportunity Center for the expenses incurred in the event my daughter/ward terminates the training.***

Furthermore, I hereby indemnify the Board of Management of Vocational Training Opportunity Center and its officers and agents, against all claims and damages arising from any injury to body or limb, or any loss of life, resulting from any accident involving my daughter/charge, however caused for the duration of her stay and training in the Vocational Training Opportunity Center.

Name of Parent/Guardian: ----- NRIC NO: -----

Signature of Parent/Guardian:

Date:

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