



**MAPEX TRAINING INSTITUTE**  
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Nationally Recognized Training  
 NTC Reg. # 072

## 2019 APPLICATION FORM– FULL TIME PROGRAMS

1 <sup>st</sup> INTAKE	28 <sup>th</sup> JANUARY	PLANT OPERATOR & MOTOR VEHICLE COURSES
1 <sup>st</sup> INTAKE	04 <sup>th</sup> FEBRUARY	OHSS, BUSINESS/ICT COURSES

### PERSONAL INFORMATION

Applicant's full name	Ps/Dr/Cr/Mr/Mrs/Ms/Miss:		
Courses Applied for <i>(minimum 1 Course, maximum 3 courses/term or per Intake)</i>	1. .... 2. .... 3. ....		
Postal address			
Contact details	Mobile:	Landline:	Email address:
Marital Status <i>(circle appropriate box)</i>	Married	Single	Divorce

### EDUCATIONAL BACKGROUND

Level of education	
Last School <i>(attach copies of certificates)</i>	
Year	
Other course(s) attended	1. .... 2. ....
Institute providing above courses	

### EMPLOYMENT HISTORY *(not necessarily for students who graduated recently)*

Present/Recent employer	
Employer address & contact details	
Brief description of tasks performed while in employment	

Are you going to be sponsored by any organisation? Yes ( ) No ( )

If yes, please indicate which organisation will be doing that. \_\_\_\_\_

If not, please state how you will meet your course fees with Mapex Training Institute

\_\_\_\_\_

\_\_\_\_\_

**MODE OF STUDY** (please tick the most appropriate box) as;

DAY STUDENT   
  BOARDING STUDENT   
  EVENING SESSION STUDENT

*If you choose to attend evening session (5-7pm), please inform us how you will be transported.*

I want school to provide my transport   
  I will provide my own transport

## JOB SEARCH PROGRAMME

Why did you choose Mapex Training Institute to undertake the above courses? \_\_\_\_\_

Would you like to be part of our Job Search Programme at the end of your studies? \_\_\_\_\_

If yes, what form of employment would you like to take up? \_\_\_\_\_

What company/organisation do you hope to work with after you graduate? \_\_\_\_\_

## NATIONALITY/ORIGIN (Very Important- you must fill this section)

LOCATION	HOME/BIRTH RIGHT	CURRENT/PRESENT
Country		
Province		
District		
Ward/Village		

## STATE HOW YOU KNEW MAPEX TRAINING INSTITUTE:

## DECLARATION

I hereby declare that the above information is true and correct in every form and I hope to perform to the best of my ability if accepted to study with Mapex Training Institute.

\_\_\_\_\_  
Name & Signature of applicant

\_\_\_\_\_  
Date

## Account Details:

Payments can be made in full or instalment basis into the following Institution's Account and Fax or E-mail the copy to us for registration:

<b>Account Name:</b>	<b>Mapex Training Institute</b>
<b>Account Number:</b>	<b>Cheque Account- 7003240095</b>
<b>Bank Type:</b>	<b>Bank of South Pacific (BSP), Waigani Branch .</b>

FOR OFFICIAL USE ONLY		COMMENT
Received date		
Registration date		
Acceptance date		
Not accepted & notification sent date		
Approved		
	Register's signature	
Entered into <b>accepted register</b>		