



## MAPEX TRAINING INSTITUTE

Lot 21, Section 387, Telikom Depot, 4 mile  
 P.O.BOX 8097, Boroko, NCD, PNG  
 Tel: (675) 323 2063 / Fax: (675) 323 5912  
 BMobile: 76920346 Digicel: 71730821, 73112193  
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Nationally Recognized Training  
 NTC Reg. # 072

### 2021 APPLICATION FORM– FULL TIME PROGRAMS

01st INTAKE	25 <sup>th</sup> January	OPERATOR & MOTOR VEHICLE DRIVING COURSES
01st INTAKE	1 <sup>st</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

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

DAY STUDENT     BOARDING STUDENT     EVENING SESSION STUDENT

*Transport is provided **ONLY** for boarding students.*

**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:**

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**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>

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