



**GRADUATE WORK EXPERIENCE PROGRAMME
 APPLICATION FORM**

**ALL SECTIONS MUST BE COMPLETED IN FULL.
 PLEASE PRINT YOUR RESPONSES IN BLUE OR BLACK INK.
 INCOMPLETE APPLICATION FORM WILL NOT BE PROCESSED.**

Please attach one (1)
 passport size photo

PERSONAL INFORMATION

1. Title (Mr. /Miss/ Mrs): _____
 Last Name First Name Middle Name

2. Date of Birth: (dd/mm/yy): ___/___/___

3. Permanent Address: _____
 Street Name & Number
 Town Parish

4. Contact Information: _____ / _____ / _____
 Home Phone Mobile 1 Mobile 2 Email Address

5. ID Type: Passport Drivers License National ID 5b. ID #: _____

6. TRN: _____ (Mandatory) 6b. NIS #: _____

7. Do you have a Commercial Bank Account? Yes No Please state the name of the bank: _____

8. Bank Account #: _____ Branch#: _____

9. Level of Qualification Attained: Bachelor's degree Associate Degree

10. Tertiary Institution attended: _____ Years attended: _____

11. Area(s) of Study: _____

12. Have you received any additional training, including vocational courses or seminars? Yes No
 If yes, please check all that apply:
 Agriculture Sports and Recreation Information Technology
 Business Arts and Entertainment Other: _____

13. Do you have any additional skill(s) that would be an asset to an organisation? Yes No
 If yes, please state _____

14. Are you a young person from the community of persons with a disability? Yes No
 If yes, please check all that apply:
 Physical DisAbility Intellectual DisAbility Other: _____
 Sight Impaired Hearing Impaired

EMPLOYMENT/ GENERAL INFORMATION

15. Current Employment status: employed part time employed full time not employed self employed

16. Have you ever worked in your field of study? Yes No

17. If yes, provide details of your most recent employment:

Name of Company 1:	Name of Company 2:
Duration:	Duration:
Position Held:	Position Held:
Key Responsibilities:	Key Responsibilities:

18. Have you ever participated in a NYS Programme? Yes No

19. If yes, please state the name of the programme _____

20. In the event of an emergency please notify: (Mr. /Miss/Mrs.): _____
Last Name First Name

Relationship: _____ Contact Number: _____

21. How did you learn about the NYS Graduate Work Experience Programme? (Tick all that apply)

School Radio Internet Newspaper Family/Friend Parish Representative NYS Representative

Other: _____

Declaration

I declare that the above information is true to the best of my knowledge. I am aware that any false or misleading information will result in my application being rejected.

THE FOLLOWING REQUIREMENTS MUST BE ATTACHED TO THIS APPLICATION FORM

(Tick as indicated)

- Birth Certificate (copy)
- Valid ID (copy)
- Copy of certificate/degree/transcript/status letter
- TRN (copy)
- One passport size photo

I acknowledge that failure to submit a fully completed application form and the required documents will result in my application being delayed or rejected. By completing this form, I have granted the National Youth Service permission to use any images captured for marketing purposes.

Signature

Date

FOR OFFICIAL USE ONLY

Date Received: _____ Status: Complete Incomplete

Comments: _____

Verified By: _____ Date: _____