**GOLDEN HANDS FOUNDATION MASSAGE, HAIR DRESSING AND**

**BEAUTY FOUNDATION KOLOLI**

**Contact: 9927530 / 6927530 / 7477066**

 APPLICATION FOR ADMISSION GHF/……. /2021

 **ADMISSION FORMS FOR 2021 / 2022 YEP FUNDED PROGRAM:**

LAST NAME…………………………………………… FIRST NAME………….…………………………..

DATE OF BIRTH…………………………………………………… SEX: MALE [ ]  /FEMALE [ ]

ADDRESS………………………………………………… EMAIL ………………………...………………..

TEL………………………………………………………………………………

Region GBA WCR LRR NBR CRR URR

 [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

NATIONALITY: ………………………………………………………………

What course do you intend to major in?

HAIR DRESSING [ ]  BEAUTY TERAPHY [ ]

**EDUCATION AND EXPERIENCE**

What is your education level?

Junior School [ ]  Senior Secondary (WASSCE) [ ]  Tertiary /Vocational [ ]

Have you participated in any previous YEP-funded training(s)? Yes [ ]  NO [ ]

If so, which YEP-funded training have you attended? ………………………………………………………

……………………………………………………………………………………………………...…………

Do you currently run a business? Yes [ ]  NO [ ]

If so, please describe your business: …………………………………………………………………………

…………………………………………………………………………………………………………..…….

Are you a returnee? Yes [ ]  NO [ ]

**MEDICAL HISTORY**

Do you have any medical complication: Yes [ ]  NO [ ]  If YES, specify……….…………………………

Are you on any treatment? Yes [ ]  NO [ ]  If YES specify…………………………………

**GENERAL INFORMATION**

Why would you like take part in the training programme?

|  |
| --- |
|  |

Why should you be selected?

|  |
| --- |
|  |

NOTE: The application form is free, but you should complete the form and submit with two passport size photos, a copy of birth certificate and other supporting documents attached. And all shortlisted candidates will be interviewed before final selection.

**DECLARATION**

I confirm the above stated information to be correct. I do assure management that I agree to abide by the rules and the regulations of the Academy.

………………………… DATE: ………………………………………….

Signature of Applicant

…………………………………………………………………………………………………………………………………..

**FOR OFFICIAL USE ONLY**

**Documents Check List**:

1. **Photocopy of school living certificates** [ ]   **2.** **Transcript** [ ]  **3.** **Testimonial** [ ]
2. **Other training certificates** [ ]  **5.** **Photocopy of birth certificate** [ ]
3. **Other national document** [ ]  **7.** **Two pass port photo** [ ]

**Approved/Disapproved by Administrative Director Endorsed By: Mr. Kebba Dem**

 **Signature: ………………………………….**

 **Name: ………………………………………. ……………………………………**

 **Date: ……/……. /2021 Chief Executive Officer**

 **Date: ……/……. /2021**

**If disapproved, please specify why?**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**Date: ……/……. /2021**