



MALAWI COUNCIL FOR THE HANDCAPPED

KAMUZU VOCATIONAL REHABILITATION AND TRAINING CENTRE

PARALLEL TRAINING REGISTRATION FORM

Surname **First Name**.....

Gender **Male** **Female (tick one)**

Date of birth **Nationality**.....

Qualification.....

Course applying.....

Boarding **Non boarder (Tick one)**

Current address.....

.....

APPLICANTS HOME ADDRESS

Village **traditional authority**.....

District **Country**.....

Cell phone..... **Email address**.....

CURRENT ADDRESS.....

Cell..... **Email**.....

Next of kin..... **Relationship**.....**cell**.....

I declare that the above mentioned information is true and correct

Applicants Signature.....**Date**.....

Centre Manager Signature..... **Date**.....