

No: WA

APPLICATION FORM



MONTFORT YOUTH CENTRE

Kg. Baru, Air Salak, 75250 Melaka.
Tel: 06-3510114/5, Fax:06-3510200
www.mycmelaka.org

An Institution of the Brothers of St. Gabriel

RECENT PHOTO

No Photocopy Accepted

FOR OFFICE USE ONLY

Date Application Received	Acknowledgement Sent On	Date of Interview	Interviewer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION A PERSONAL DETAILS

Name		IC No.		<input type="checkbox"/> Male
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Female
Permanent Address		Correspondence Address		
<input type="text"/>		<input type="text"/>		
P.Code	Tel	P.Code	Tel	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Nationality	Race	Religion	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
LANGUAGE	Spoken	Written		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

SECTION B EDUCATIONAL BACKGROUND & WORKING EXPERIENCES

Education Level	<input type="checkbox"/> Schooling	<input type="checkbox"/> Not Schooling	Year stopped schooling:
Name of School and Address		Year	Level
<input type="text"/>		-	
<input type="text"/>		-	
<input type="text"/>		-	
Name of Employer and Address (Applicant)		Nature of Work	Period
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
Sports	Extra-Curricular Activities		
<input type="text"/>	<input type="text"/>		

SECTION C FAMILY BACKGROUND

Names of Children and Other Dependents	Relationship	Age	Marital Status	Occupation	Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Incomplete form will not be entertained
Borang yang tidak lengkap, tidak akan dilayani*

SECTION D

HEALTH CONDITION

Please answer the following questions (tick YES or NO accordingly)		YES	NO
1.	Do you smoke regularly?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever used dadah (illegal drug) or sniffed glue?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you suffered from any serious illness / disease / allergies?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you suffer from any contagious diseases (T.B., Leprosy, V.D., HIV, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you suffering from diabetes / asthma / epilepsy / gastritis?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a physical disability?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you slow in reading and / or writing?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to any of the above is YES, please give details:			
Please give details of any illness or disability that requires attention:			

SECTION E

SOCIAL BACKGROUND

Please answer the following question (tick YES or NO accordingly)		YES	NO
1.	Have you ever been convicted for any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you been expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are your parents separated or divorced?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you an adopted child?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is one or both your parents / guardians unable to work?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is any member of your family an alcoholic / drug dependent?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer to any of the above is YES, please give details:			

SECTION F

REASON(S) FOR APPLICATION

State briefly your reason(s) for applying to Montfort Youth Centre

SECTION G

COURSE OF STUDY

COURSES	CHOICE
MOTOR MECHANICS	
COMPUTER MAINTENANCE	
GENERAL MAINTENANCE	

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS (COMPULSORY)

- | | |
|--|---|
| <input type="checkbox"/> Identity Card (<u>applicant and parents / guardian</u>) | <input type="checkbox"/> Baptism Certificate and Confirmation Certificate (if Catholic) |
| <input type="checkbox"/> Birth Certificate (applicant and parents/guardian) | <input type="checkbox"/> Death Certificate (Father / Mother) |
| <input type="checkbox"/> UPSR / PMR (PT3) / SPM Certificate or result slip | <input type="checkbox"/> Last pay slip or statutory declaration of income (if self-employed or no pay slip) |
| <input type="checkbox"/> Last school examination result | <input type="checkbox"/> Latest Form J (Income Tax Return) of Applicant's parents / guardian |
| <input type="checkbox"/> Testimonial(s) | |
| <input type="checkbox"/> School Leaving Certificate and records of participation in extra-curricular activities (if available) | |

DECLARATION BY APPLICANT

I declare that, to the best of my knowledge, all the information contained in this application form is complete and true. I further declare that I am making this application entirely of my own free will and that I am not compelled by my parent(s) or guardian to apply. If my application is successful, I undertake to complete the Course assigned to me. I understand that being given this opportunity I shall not withdraw before the completion of my stay and training in Montfort Youth Centre without the prior consent of the Director.

Name :

IC No. :

Signature of Applicant :

Date :

DECLARATION BY APPLICANT'S PARENT / GUARDIAN AND STATEMENT OF GENERAL INDEMNITY

I declare that, to the best of my knowledge, all the information in this application form is complete and true. I fully approve of my child / ward's application. If this application is successful, I place my child / ward under the guardianship of the Director and his officers and I delegate to them my authority over him. I permit them to discipline him and, when necessary, to dispense punishment as they shall deem fit.

I also authorise the officers of Montfort Youth Centre to make appropriate arrangements for my child / ward to receive dental, medical and surgical treatment as deemed necessary. Where the treatment requires the specific consent of a parent, I authorise the officers of Montfort Youth Centre to give consent on my behalf. I shall reimburse all the medical expenses incurred.

Furthermore, I hereby indemnify the Titular Superior of the Brothers of St. Gabriel, Montfort Youth Centre, and all their officers and agents, against all claims and damages arising from any injury to body or limb, or any loss of life, resulting from any accident involving my child / ward however caused, for the duration of his stay and training in Montfort Youth Centre.

I am fully aware that Montfort Youth Centre is a welfare and vocational training agency affiliated to the Catholic Welfare Services (National Office for Human Development). Its religious orientation is Christian and this is reflected in the tradition, values and lifestyle of the Organisation.

Name of Parent/Guardian :

IC No. :

Signature of Parent/Guardian :

Date :

REFEREES

Give names, addresses and occupation of two (2) referees (exclude relatives).
Note that the referee must have known the applicant or family for at least five (5) years.

Name (Mr. / Mrs. / Ms. / Rev.)	Name (Mr. / Mrs. / Ms. / Rev.)
Address	Address
Tel (H) _____ (O) _____	Tel (H) _____ (O) _____
Occupation	Occupation
Signature	Signature

Address your application to : **The Director
Montfort Youth Centre
Kg. Baru Air Salak
75250 Melaka
West Malaysia**

All sections in the Form must be filled

One application per student

For enquiries please call
Tel: 06-3510114 / 06-3510115
Fax: 06-3510200

This form is given free of charge.

E-mail : montfortpcu@ yahoo.com