

APPLICATION FORM



Date Application Received	Acknowledgement Sent On	Date of Interview		Interviewer	

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

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

[illegible]

Incomplete form will not be entertained
Borang yang tidak lengkap, tidak akan dilayani

FAMILY BACKGROUND

Father	
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Name											Age		IC No.									-		-				
Home Address												House	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	<input type="checkbox"/> Staff Quarters <input type="checkbox"/> Fishing Village <input type="checkbox"/> Squatters <input type="checkbox"/> Estate <input type="checkbox"/> Flats	<input type="checkbox"/> Extended family house <input type="checkbox"/> Village House <input type="checkbox"/> Terrace House (Single Storey) <input type="checkbox"/> Terrace House (Double Storey) <input type="checkbox"/> Others													
P.Code											Tel																	
Name and Address of Employer												Occupation					Income											
P.Code											Tel																	
If deceased, state cause of death											 and year																
If leaving apart, state reason(s) for doing so											 and year																

	Mother
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[illegible]

Legal Guardian (if applicable)

Name											Age			IC No.								-		-											
Home Address												House		<input type="checkbox"/> Staff Quarters <input type="checkbox"/> Extended family house																					
												<input type="checkbox"/> Owned		<input type="checkbox"/> Fishing Village		<input type="checkbox"/> Village House																			
												<input type="checkbox"/> Rented		<input type="checkbox"/> Squatters		<input type="checkbox"/> Terrace House (Single Storey)																			
												<input type="checkbox"/> Estate		<input type="checkbox"/> Terrace House (Double Storey)																					
												<input type="checkbox"/> Home		<input type="checkbox"/> Flats		<input type="checkbox"/> Others																			
P.Code											Tel											Occupation		Income											
Name and Address of Employer																																			
P.Code											Tel																								

If parents are self employed, provide the following particulars

Name and Address of Business			
P.Code		Tel	
Nature of Business			
Is the business wholly-owned?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach a copy of the business registration document (compulsary)			
Duration of establishment of Business	 Months / Years	
If partnership or joint-venture, state share held by parents/guardian			

Family Expenditure

Type of expenditure	Monthly (RM)
House Installments / Rental	
Electricity / Water	
Telephone	
Loan Repayment (Car/Motorbike/Appliances)	
Transport	
Education	
Insurance	
Food	
Clothing	
Leisure / Entertainment	
Religious / Cultural Celebration	
Medical	
Others: Specify	
Total	

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
AUTOMOTIVE	
INFORMATION TECHNOLOGY(IT)	
GENERAL MAINTENANCE	
AGRICULTURE	
CULINARY	
DIGITAL PRINTING	

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS (COMPULSORY)

- | | |
|--|---|
| <input type="checkbox"/> Identity Card (applicant and parents / guardian) | <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	Signature	Occupation	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

E-mail : montfortpcu@ yahoo.com

This form is given free of charge.