



Please, attach a recent photo of yourself here

**STUDENT APPLICATION FORM**  
APPLICANT DETAILS

SCHOOL BEING APPLIED FOR **HIV/AIDS SEMINAR**

Start date: Day / Month / Year

Is your Registration fee enclosed?  Yes  No

**PERSONAL INFORMATION**

Mr.  Mrs.  Miss

Surname

First Name

Middle Names

Preferred Name

**CONTACT DETAILS**

**Permanent Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone (include country & area code)**

\_\_\_\_\_

**Mobile (please print legibly)**

\_\_\_\_\_

**Fax (include country & area code)**

\_\_\_\_\_

**E-mail address (please print legibly)**

\_\_\_\_\_

**Date of Birth**

Day / Month / Year

**Age**

\_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**

- Single  Engaged
- Married  Separated
- Widowed  Divorced

**EMERGENCY INFORMATION**

**In case of emergency contact:**

Mr.  Mrs.  Miss

Surname

First Name

Relationship, i.e. Father, Mother, brother, etc.

Telephone (include country & area code)

Cellphone (include country and area code)

E-mail address

**INDEMNITY**

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Applicant's signature

**Dated**

Day / Month / Year

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

I agree to meet, in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Applicant's signature

**Dated**

Day / Month / Year