

**Ministry of Education and Human Resource Development**  
**Application Form for Youth Centre Programme**

Name:

Date of Birth:  /  /   
DD MM YYYY

Telephone:   
e.g. 448 1234

Address:

Parent/Guardian:

Parent/Guardian Telephone:   
e.g. 448 1234

School(s) Attended:

Highest Level of Formal Education:

Hobbies & Interests:

Why Would You Like to Attend the Programme?

How Did You Find Out About the Programme?

If Given the Opportunity, What Would You Like to Learn?

Do you agree, if selected, to pursue with diligence the opportunities afforded to you for your own personal development?

Yes  No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date