

Secondary

School to Mine Campus WORK READY PROGRAM



APPLICATION FORM – 20____

Please note:

- Former Work Ready Program Trainees are not eligible to apply again
- Applicants with current or previous employment will not be considered
- All sections must be completed, do not submit without a current bank account number in your name

PERSONAL DETA	ILS				
Title: 🗆 Mr 🕒	Mrs 🗖 Miss	☐ Ms (Tid	ck the correct box)		
Surname:			Given Nam	ne:	
Sex: 🗖 Male 🗓	☐ Female (7	Γick the correct bo	ox) VP	S Number:	
Marital status:	☐ Single	Married \Box	(Tick the correct box)		
Province:		_ District: _		LLG:	
Ward:		_ Village: _		Date of Birth:	
Contact Number((s):				
Emergency Conta	acts		emergency situation?	·	
Emergency Conta	acts		emergency situation?	Mobile / Email	
Emergency Conta Who should New	acts	if you are in an o	emergency situation?		
Emergency Conta Who should New	acts	if you are in an o	emergency situation?		
Emergency Conta Who should New	acts crest contact i	if you are in an o	emergency situation?		
Emergency Conta Who should New Name	acts crest contact i	if you are in an o	emergency situation?		Year
Emergency Conta Who should New Name LEVEL OF EDUCA	acts crest contact i	if you are in an o	emergency situation?	Mobile / Email	Year
Emergency Conta Who should New Name LEVEL OF EDUCA Level	acts crest contact i	if you are in an o	emergency situation?	Mobile / Email	Year

C. OTHER COUF	RSES/TRAININGS
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Indicate any other institutions or courses or trainings you have completed.

Name of Institution	Name of course/training	Year

D.	YOUR BANK	ACCOUNT	DETAILS
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Bank:	
Branch #:	
Account #:	
Name on Account:	

E. DECLARATION

Please sign to indicate that all information	supplied is true according to the best of your knowledge
Signature:	Date:// 20

Please return to Social Performance Department (former Community Relations) or Lihir International School.

Only successful applicants will be notified.

^{*} Please ensure bank account is active and current