



MINISTRY OF INDUSTRIALIZATION AND TRADE

APPLICATION FORM FOR TRAINING IN GEMSTONE CUTTING AND POLISHING

FINANCIAL YEAR 2020/YY

PLEASE NOTE:	<p>1. This form must be completed in ink by the applicant in his or her own handwriting and, attach certified copies of required documents.</p> <p>2. Completed application forms can be submitted in all Ministry's regional offices, or emailed to <a href="mailto:karibibgermstonecentre@gmail.com">karibibgermstonecentre@gmail.com</a>.</p> <p>3. Please ensure that all required information is provided and attached to the Application form to enable the Ministry to make an informed decision.</p>
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1. PERSONAL DETAILS	
a) First Names:	b) Surname:
c) Identity No:	d) Date of Birth: DD – MM – YYYY
e) Citizenship:	f) Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
g) Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/> Specify:	
h) Postal Address:	i) Physical Address
j) Tel/Cell:	k) Email address:
l) Do you have any disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details on the nature of your disability: ..... .....	
m) Have you ever been convicted of criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, provide details: ..... .....	

2. EDUCATION AND EMPLOYMENT HISTORY	
a) Highest qualification obtained:	Year obtained:
b) Have you ever worked in the Gemstone or related industries? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: (1) Employer..... (2) Position..... (3) Duration: .....	
c) Do you belong to any cooperative or association or other group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify: .....	
d) Have you attended any Gemstone cutting and polishing training before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify: .....	
e) How long was the training? 0 –1 month <input type="checkbox"/> 2–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> more than 6 months <input type="checkbox"/>	

**3. ATTACHMENTS TO THE APPLICATION**

- a) Certified Copy of Identification Document
- b) Certified Copy of the Highest Qualifications obtained
- c) Testimonial Letter: Previous School/Former Employer/Councillor/Community Leader/Other (specify).....

**4. DECLARATION**

I hereby, declare that **ALL** the information provided in this application form is complete and correct.

I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application may be disqualified.

.....  
Signature .....  
Date

**Official use only**

Particulars certified correct

.....  
Signature .....  
Rank .....  
Date

Accepted/Not Accepted

.....  
Signature .....  
Rank .....  
Date