

NATIONAL COLLEGE OF POLICING AND LAW ENFORCEMENT

Maldives Police Service

Iskandharu Building 01, 6th Floor, Ameenee Magu, Male'- 20271. Republic of Maldives. Tel: +9609800102; e-mail: ncple@police.gov.mv Website: www.ncple.edu.mv

COURSE APPLICATION FORM

If you have previously enrolled at NCPLE, please state your student number and program;

Student ID	
Program	
Intake	

SECTION 1: PERSONAL INFORMATION

All fields must be completed														
Title	First I	Name		Middle Name					Last Name					
Nationality	:						Nation	al ID N	o./Passpo	rt No	o.:			
Date of birt		MM/YY	')				Gende	er:	Male		Fem	ale		
Marital stat	tus			N	lever married		Married	k	Divorced		Wide	owed		
Permanent	Addre	SS					Curren	t Addr	ess					
House Nam	ne/ Flat	No					House Name/ Flat No:							
District							District							
Atoll/Island						Atoll/Island								
Country				Country										
Contact inf	ormati	on												
Mobile num	ber:													
Home phon	e numb	oer:		Email										
SECTION 2	: PROC	GRAM												
Program Na	ame (Oj	ption 1)											
Program Name (Option 2)														
Intake			JAN/FEB		MAY/JUN AUG/SEP OTHER									
SECTION 3: ACADEMIC INFORMATION														
SECONDARY SCHOOL EDUCATION RESULTS (provide details of highest qualifications only) (Please list SSC, GCE (OL), GCE (AL), HSC, IGCSE, etc. results with the year result were attained / if grade 10 and below, please provide information of subjects and grades)														
A'Le		_	O'Level		Grade		below							
	Sub	ject			Grade	Year		Subje	ect		Gra	ade	Year	

MQA LevelName of Program / QualificationInstitute/Awarding bodyYearPROFESSIONAL TRAINING(s)PROFESSIONAL TRAINING(s)PROFESSIONAL TRAINING(s)PROFESSIONAL TRAINING(s)PROFESSIONAL TRAINING(s)Verify the serie of training train	POST-SECONDARY /TE	RTIARY EDUCAT	ION (provi	de details	of highest o	qualifications only	()				
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SECTION 4: ENGLISH LANGUAGE PROFICIENCY English qualification SECTION 4: ENGLISH LANGUAGE PROFICIENCY English qualification Test of English Language Testing System (IELTS) /Academic Test of English as a Foreign Language (TOEFL) Other (Specify) SECTION 5: PROFESSIONAL WORK EXPERIENCE (FOR ALTERNATIVE ENTRY) Employer Title Start date End date SECTION 6: REFEREES Name Designation Organization Mobile e-mail address SECTION 7: EMERGENCY CONTACT/GUARDIAN Name House Name/No District/Street Atoll/ Island County Contact Number Relationship to applicant SECTION 8: SPONSORSHIP/ FUNDING INFORMATION (Provide detail of how you plan on funding your studies) Funding Source: Private Funding (Self-funded/family/other) Section S: SPONSORSHIP/ FUNDING INFORMATION (Provide detail of how you plan on funding your studies) Funding Source: Private Funding (Self-funded/family/other) Seponsorship / Scholarship Name of sponsor All sponsored/scholarship applicants are required to submit a letter of sponsorship with the application form or before semester commencement	PROFESSIONAL TRAINI	NG(s)									
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Social Media School Family/Friends Educational Fair/Expo				Fami	ilv/Friende	Educationa	l Fair/Expo				
Advertisement Website Referred by											

SE	CTION 10	: SPECIAL	CON	SIDER	ATION								
Do you have a disability, medical condition or an illness that may affect your studies? If yes, please provide supporting documents									е	Yes	No		
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	Complete	ed all releva	ant part	s of the	application form								
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	Reference applican		n the w	orkplac	e or supporting eviden	ce ind	icati	on work experience (for a	alterna	tive en	try rout	9	
Note		• /	urse is	not gua	ranteed by submitting	this fo	rm						
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