



# Training Institute for Professional Services (TIPS)

## Course Application Form

Course /Program Title .....	Date of Commencement (dd/mm/yyyy) .....
--------------------------------	---

### PERSONAL INFORMATION

Full Name (in BLOCK CAPITAL letters) .....	.....			Please Paste a passport size recent photo
Surname/Family name (in BLOCK CAPITAL letters) .....	.....			
Date of birth (dd/mm/yyyy) .....	Place of Birth .....	Nationality .....	Gender (tick where appropriate) <input type="checkbox"/> M <input type="checkbox"/> F	
Identity Document(tick where appropriate) <input type="checkbox"/> National Identity Card Number: ..... <input type="checkbox"/> Passport Number: .....				
Permanent Address House/apartment: ..... Ward/district: ..... Street : ..... Post code: ..... City/Island: ..... Country: .....		Correspondence Address(if different from Permanent Address) House/apartment: ..... Ward/district: ..... Street : ..... Post code: ..... City/Island: ..... Country: .....		
<input type="checkbox"/> Contact Telephone +.....	<input type="checkbox"/> Mobile Phone +.....	<input type="checkbox"/> Fax .....	<input type="checkbox"/> E-mail .....	

## ACADEMIC INFORMATION

<b>CERTIFICATE/DIPLOMA/DEGREE/MASTER QUALIFICATION/TRAINING COURSES*</b> (copy and insert new fields as many as relevant)		
Title of qualification obtained with level .....	University/College/Institution/School .....	Year .....
Title of qualification obtained with level .....	University/College/Institution/School .....	Year .....
Title of qualification obtained with level .....	University/College/Institution/School .....	Year .....
Title of qualification obtained with level .....	University/College/Institution/School .....	Year .....
Title of qualification obtained with level .....	University/College/Institution/School .....	Year .....

\*A copy and an official English translation of your academic certificate and transcript must provide if required. If you expect to obtain a certificate after the application date for this programme, please indicate the expected date of graduation and enclose an official certificate issued by your certificate awarding body stating explicitly the expected date of graduation.

<b>LANGUAGES</b> (indicate your level of competence)		
ENGLISH <input type="checkbox"/>	DHIVEHI <input type="checkbox"/>	<input type="checkbox"/> OTHER(S): please specify .....
1=Excellent    2=Good    3=Average    4=Weak or none		
ENGLISH CERTIFICATE* (tick where appropriate): <input type="checkbox"/> TOEFL <input type="checkbox"/> ESOL IELTS <input type="checkbox"/> ESOL FCE <input type="checkbox"/> London GCE <input type="checkbox"/> Cambridge CPE <input type="checkbox"/> Cambridge CAE <input type="checkbox"/> Cambridge IGCSE <input type="checkbox"/> OTHER: please specify.....		

\*Knowledge of English as a foreign language is mandatory for all applicants. Please include a copy of your English Qualification(s)

## PROFESSIONAL EXPERIENCES

<b>CURRENT EMPLOYMENT (ONLY IF APPLICABLE)</b>			
Position/Title .....	Employer .....	Since (dd/mm/yyyy) .....	Name of Supervisor .....  Position/Title .....
Sector (tick where appropriate) <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> MIXED <input type="checkbox"/> NGO <input type="checkbox"/> INTERNATIONAL INSTITUTION			

Briefly describe the main functions of your organisation: .....
Describe your responsibilities: .....
How does the topic of the programme that you are applying for relate to your current job responsibilities? ( <i>Maximum 75 words in English</i> ) .....
Which impact do you foresee this training will have on your career or future Job? ( <i>Maximum 75 words in English</i> ) .....

<b>EMPLOYMENT HISTORY (IF ANY)</b> (Include up to three recent jobs held)			
Employer .....	Position .....	From – To .....	Brief description of your duties .....
Employer .....	Position .....	From – To .....	Brief description of your duties .....
Employer .....	Position .....	From – To .....	Brief description of your duties .....

### FINANCIAL INFORMATION

Have you applied to other programmes for the academic year 2015-17 in any other institute? ( <i>Tick where appropriate</i> )	
YES <input type="checkbox"/>	NO <input type="checkbox"/> If you have ticked the “YES” box, please specify when and for which programme(s) .....
How do you intend to finance your studies at TIPS? ( <i>Tick where appropriate</i> )	
Self <input type="checkbox"/> Employer <input type="checkbox"/> Study Loan <input type="checkbox"/> Other Sponsor(s). <input type="checkbox"/> Please specify.....	

### REFERENCES

Please give the names of your Guardian/ Parent * <i>Mandatory for ALL</i>		
Name	Relation/ Position	Telephone number and e-mail address

### GENERAL HEALTH INFORMATION

Do you suffer from any disability that may prevent your regular participation in the applied programme's activities or may require specific support/assistance?

Yes ☐

No ☐

If you have ticked the "YES" box, please specify: \_\_\_\_\_

### PRIVACY STATEMENT

I understand that TIPS may use the data I provide for academic, administrative, research and monitoring purposes during and after the application process. If I am offered and accept a place at TIPS, I agree to the processing of data I have provided for any purpose connected with my studies, or my health and safety, and related purposes.

*Accepted and Agreed*

**SIGNATURE:**

### DECLARATION

I confirm that the statements made by me on this form are correct. I understand that if any of the above statements prove to be incorrect the Institute reserves the right to withdraw any offer made or cancel any subsequent registration with the Institute. In addition if admitted to the Institute, I will conform to Institute's regulations, code of conduct and the programme rules.

I also understand that I will be responsible to pay the Institute's tuition/training fees where applicable. I understand that if I fail to pay the tuition/training fees as specified, the Institute reserves the right to withdraw any offer made or cancel any subsequent registration, expel or suspend me from the training programme or not offer future training programmes with the Institute. I also understand that the Institute may require me to undergo a medical fitness screen test to ascertain my medical fitness and that I agree to undergo such tests on my own will.

*Accepted and Agreed*

**SIGNATURE:**

Date \_\_\_\_\_

I declared that I will be responsible to maintain discipline during the course and **afterwards**. And I will not misuse the tactics and techniques learned from the programme.

*Accepted and Agreed*

**SIGNATURE:**

**NAME:**

**N ID NO:**

**DATE:**

**FINGER:**

#	List of documents to enclose to this Application Form:	Check
<b>Mandatory documents for all applicants</b>		
1	A scanned printout /photocopy of ID card or passport of the applicant/ Passport size 3 photos	<input type="checkbox"/>
2	A short CV of the applicant	<input type="checkbox"/>
3	A scanned printout /photocopy of academic certificates held. Please provide scanned printout/photocopy of official English translation of academic certificates if they are in any other language than English.	<input type="checkbox"/>
4	A scanned copy of the certificate of language knowledge, if applicable	<input type="checkbox"/>
<b>OFFICE USE ONLY</b>		
1	Received	<input type="checkbox"/>
2	Received	<input type="checkbox"/>
3/4	Received	<input type="checkbox"/>

**Please note that incomplete or late applications will NOT be taken into consideration**