



Insight Training Centre

45 Kombo Sillah Drive, Churchill's Town, Brikama Highway, Box 3138 Serekunda.
Tel: 220-4390226 / 9913402, Email: insighttrainingcenter@yahoo.com, www.insight.gm

Ref No:..... (For official use only)

Attach two
passport
sized
pictures

APPLICATION FOR ENROLLMENT

Surname / Family Name	First Names	Title

Sex: Male Female

Campus: Churchill's Town Sinchu Alagie Basse

Please indicate if you are:

- New Student at Insight Training Centre
- Transferee (New student at Insight Training Centre but with previous certification from another institution)
- Old Student (continuing) – have previously enrolled and completed a lower certificate / diploma course at Insight Training Centre and will pursue higher certification / diploma in the same course
- Old Student (shifting) – previously enrolled in a different course and is shifting to or taking a new course

STEP 1: FILL UP APPLICATION FORM AND SUBMIT TO REGISTRAR FOR EVALUATION

COURSE APPLIED FOR:	_____
COURSE LEVEL:	_____
	(indicate if Certificate/ Diploma 1 or 2 / Advanced Diploma, Graduate Diploma)
COURSE FEE:	D_____
COURSE DURATION:	_____

(ORIGINAL DOCUMENTS SHOULD BE PRESENTED TO THE REGISTRAR DURING THE INTERVIEW)

Name of School / College / University	Dates		Certificates	
	From	To	Subjects	Grades
Name of School / College / University	Dates		Certificates	
	From	To	Subjects	Grades

Please use additional sheet (s) if needed.

Employment record (please state employment starting with most recent job)

Name and Address of Employer	Dates		Position Held	Duties
	From	To		

STEP 2: GO TO THE OFFICE OF THE PRINCIPAL FOR APPROVAL

[] Documents / Credentials authenticated by: _____
(Photocopied documents stamped as certified true copy and signed by person examining the document/s
Must be attached to this form)

[] Interviewed on _____

RECOMMENDED FOR ADMISSION	DEFERRED / NOT RECOMMENDED FOR ADMISSION
_____ Signature of Registrar	_____ Signature of Registrar

If recommended for admission, please ask for schedule of orientation. All students are required to attend the orientation session.

PLEASE GET THE COMMITMENT OF UNDERTAKING FORM AND INVOICE FORM FROM THE HEAD OF THE DEPARTMENT / REGISTRAR. The signed letter of undertaking from the sponsoring organization should be returned to the Registrar's office. A copy of the signed invoice should be attached with the enrollment form when it is presented to Student Accounting office.

This form should only be signed after 50% initial deposit has been made to the Centre

STUDENT ACCOUNT (Confirm from Receipt Books)

PAY DATE	AMOUNT	REC. NO.	SIGNATURE

**LEAVE THIS FORM AT THE ACCOUNTING OFFICE AFTER PAYING THE
DOWN PAYMENT**

NB: WE DO NOT REFUND ONCE A COURSE IS BOOKED

OTHER INFORMATION:

Home Address _____

Mailing Address (if different from above) _____

Tel: _____

Tel (office) _____

E-mail Address: _____

Nationality: _____

Date of Birth: DD/M/Yr

Ethnicity: _____

Who will pay for this course?

Self

Privately Sponsored – (student is responsible for getting funds from the sponsor)

Contact Person / Parent / Guardian: _____ Tel No: _____

Please indicate if you are:

Working

Self-employed

Full-time student

If working, please check category below:

Private

government

parastatal / government corporation

national NGO

international NGO

I finished my upper secondary education from a:

Public School

Private School

How do you come to know about Insight? Radio Newspaper Marketing Agent Others

I certify that the entries made above are true.

_____ on _____

Signature

Date