



CAREER DREAMS CENTRE APPLICATION FOR ADMISSION

CAREER DREAMS CENTRE

- Complete each item **IN BOLD LETTERS**. Incomplete forms will not be processed.
- The names given on each the form will be the names to be used in al official records in the college.
- For each form you must enclose a non-refundable P250.00 to Career Dreams Center.
- Copy of Omang/ID or passport must be attached to the form.
- Attach your current photo on the form.
- Read and understand the refund policy attached to this form

Course applied for	Start Date	Finishing Date	Duration

Surname	Middle Name	First Name

Date of Birth	Place of Birth	Omang/Passport

Gender (please tick)

Male

Female

Marital Status (please tick)

Married

Not Married

Nationality

Contact

Tel	Cell	Fax

Street Address	Postal Address

Next of keen

Name		
Tel	Cell	Email

Do you have any physical disability? (Specify)

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WORKING EXPERIENCE IF ANY

NAME AND ADDRESS OF EMPLOYER

Name address	Address

Nature of Work	Duration

Schools and colleges attended

Name of School	Address	From	To
1.			
2.			
3.			
4.			

Please attach all copies of certificates/testimonials

DECLARATION

I declare that the information I have given is true and correct to the best of my knowledge.

Applicant's Signature.....

Date.....

FOR OFFICIAL USE ONLY

Form No.	Received on	Received by

Remarks

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