



TEDA SAFETY CONSULTANTS  
P.O BOX 05, KOKOPO EAST NEW BRITAIN PROVINCE  
DIGICEL: (+675) 71507109 or (+675) 70418045  
Email: tedasafety.consultant@gmail.com

## 2024 APPLICATION FORM – FULL TIME PROGRAMES

### Personal Information

**Applicants Full name:** \_\_\_\_\_

**Courses Applied:** 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

### Contact Details:

Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Marital Status:**  Married  Divorced  Single (tick the correct box)

### EDUCATIONAL BACKGROUND

Level of Education:  Tertiary  Secondary (tick the correct box)

Last School Attended (Attach copy of certificate): \_\_\_\_\_

Year: \_\_\_\_\_

Other Course(s) Attended: \_\_\_\_\_

### EMPLOMENT HISTORY

Present / Recent Employer: \_\_\_\_\_

Employer Address & Contact Details: \_\_\_\_\_

Brief Description of task Performed during Employment:  
\_\_\_\_\_

Are going to be sponsored by any organization?  YES  NO

If YES, please indicate which organization is your sponsor;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not please state how you will meet the courses fees of Teda Safety Consultant:

\_\_\_\_\_

### DECLARATION:

I hereby declare that the above information is True and correct in every form and I believe to perform to the best of my ability if accepted by Teda Safety Consultant.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicants full Name      Signature of Applicants      Date**

TEDA SAFETY CONSULTANT  
P.O.BOX 5  
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