



PAPUA NEW GUINEA MARITIME COLLEGE

P O BOX 1040
MADANG
MADANG PROVINCE

TELEPHONE: (675) 852 2615
FACSIMILE: (675) 852 3113

APPLICATION FOR ENROLMENT – NEW ENTRANT

Personal Details:

Family Name:.....Given Names:.....

Address.....Sex: M ☐ F ☐

Village.....Province.....

Date of Birth.....Place of Birth.....

Next of Kin.....Name.....

Address.....

Education:

Primary ☐ National High ☐ Provincial High ☐ Technical College ☐

University ☐ Other.....

Copies of Certificates gained must accompany this application

DO NOT SEND ORIGINALS

List schools and dates attended:

1.

2.

3.

4.

5.

Sponsor details:

Self funded ☐ Sponsored ☐ Cadet ☐

Name of sponsor or employer.....

Declaration by Student:

I.....of.....agree to abide by the College Standing Orders when enrolled at the College. I understand that breaches of these rules may lead to disciplinary action by the College, including suspension or dismissal.

A copy of the Standing Orders will be made available.

I understand that courses at the College involve high-risk activities and I undertake to comply with all College requirements and instructions for safety and hygiene and I accept the risks associated with the College courses.

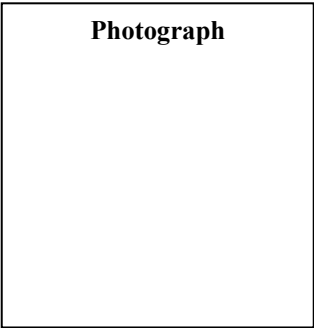
I also understand that the College cannot guarantee employment as a result of my enrolment or successful completion of the course.

I further agree to the College providing my employer/sponsor with a copy of my course results.

Signature..... Date.....

Office use only:

	Yes	No
Fees paid	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor's form	<input type="checkbox"/>	<input type="checkbox"/>
Medical Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Originals sighted	<input type="checkbox"/>	<input type="checkbox"/>
Date enrolled.....		
Course.....		
Student number.....		



Comments.....
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