

# APPLICATION FOR ADMISSION TO THE PARALEGAL TRAINING INSTITUTE

## Section I

Place Passport  
Sized  
Photograph  
Here

Name (Block Capitals): \_\_\_\_\_  
Last Name
First Name
Middle Name

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Day Month Year

Mailing Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone number (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Section II

**COURSE BEING APPLIED FOR:** \_\_\_\_\_

**EDUCATION:** List chronologically all schools attended

SCHOOLS ATTENDED	DATE ATTENDED	SUBJECTS ACHIEVED

**Other Education and Training:** \_\_\_\_\_

### EMPLOYMENT RECORD

Organisation: \_\_\_\_\_ Date(from): \_\_\_\_\_ Date (to) \_\_\_\_\_  
Day/Month/Year
Day/Month/Year

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Organisation: \_\_\_\_\_ Date(from): \_\_\_\_\_ Date (to) \_\_\_\_\_  
Day/Month/Year
Day/Month/Year

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Organisation: \_\_\_\_\_ Date(from): \_\_\_\_\_ Date (to) \_\_\_\_\_  
Day/Month/Year
Day/Month/Year

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Section III

Course Sponsorship: Self  Employer  Other

**FILL IN THIS SECTION IF EITHER OF THE LAST TWO APPLIES**

Sponsors Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

If Company/Firm state the name of the company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Authorizing Personnel: \_\_\_\_\_  
Signature of Authorizing Personnel: \_\_\_\_\_

Level of Sponsorship: Complete  Partial:

If partial, state amount being paid in (words) and (figures): \_\_\_\_\_

**REFERENCES:** List the names and addresses of two (2) references:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**NB:** All fees paid are non-refundable