



# TONGANYIKA TRUST

## FREE VOCATIONAL TRAINING – REGISTRATION FORM

Empowering Zimbabwe – One Skill at a Time | [www.tonganyikatrust.org.zw](http://www.tonganyikatrust.org.zw)

Please complete ALL sections in BLOCK CAPITALS. Fields marked \* are mandatory. Return the completed form to your nearest TongaNyika Trust office or submit online at [tonganyikatrust.org.zw/portal](http://tonganyikatrust.org.zw/portal)

### SECTION 1 – PERSONAL DETAILS

<b>Full Name *</b> <i>e.g. Name Surname</i>	<b>National ID Number *</b> <i>e.g. 63-123456B21</i>
<input type="text"/>	<input type="text"/>

<b>Date of Birth *</b> <i>DD / MM / YYYY</i>	<b>Gender *</b>
<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/>
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### SECTION 2 – CONTACT DETAILS

<b>Phone Number *</b> <i>+263 77 000 0000</i>	<b>Email Address (optional)</b> <i>yourname@gmail.com</i>
<input type="text"/>	<input type="text"/>

### SECTION 3 – LOCATION

**Province \***

<input type="checkbox"/> Harare	<input type="checkbox"/> Bulawayo	<input type="checkbox"/> Manicaland	<input type="checkbox"/> Mash. Central
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<input type="checkbox"/> Mash. East	<input type="checkbox"/> Mash. West	<input type="checkbox"/> Masvingo	<input type="checkbox"/> Mat. North
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<input type="checkbox"/> Mat. South	<input type="checkbox"/> Midlands	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>
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**Constituency / Area \***

<i>e.g. Hunyani, Mafakose</i>
<input type="text"/>

## SECTION 4 – COURSE SELECTION

### First Choice Course \*

<input type="checkbox"/> Welding & Metal Fabrication	<input type="checkbox"/> Driver Training	<input type="checkbox"/> Detergent & Soap Production	<input type="checkbox"/> Baking & Confectionery
<input type="checkbox"/> Hairdressing & Beauty	<input type="checkbox"/> Fashion Design & Tailoring	<input type="checkbox"/> Mortuary Science	<input type="checkbox"/> Agriculture & Horticulture
<input type="checkbox"/> Tourism & Hospitality Mgmt	<input type="checkbox"/> Entrepreneurship & Business Skills	<input type="checkbox"/>	<input type="checkbox"/>

### Second Choice Course (optional)

<input type="checkbox"/> Welding & Metal Fabrication	<input type="checkbox"/> Driver Training	<input type="checkbox"/> Detergent & Soap Production	<input type="checkbox"/> Baking & Confectionery
<input type="checkbox"/> Hairdressing & Beauty	<input type="checkbox"/> Fashion Design & Tailoring	<input type="checkbox"/> Mortuary Science	<input type="checkbox"/> Agriculture & Horticulture
<input type="checkbox"/> Tourism & Hospitality Mgmt	<input type="checkbox"/> Entrepreneurship & Business Skills	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 5 – BACKGROUND

### Previous Education Level

<input type="checkbox"/> No Formal Education	<input type="checkbox"/> Primary School	<input type="checkbox"/> O Level	<input type="checkbox"/> A Level
<input type="checkbox"/> Diploma / Certificate	<input type="checkbox"/> Degree	<input type="checkbox"/>	<input type="checkbox"/>

### Are you currently employed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### How did you hear about TongaNyika Trust?

<input type="checkbox"/> Social Media	<input type="checkbox"/> Radio / TV	<input type="checkbox"/> Community Meeting	<input type="checkbox"/> Friend or Family
<input type="checkbox"/> MP / Govt Representative	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/>

**SECTION 6 – DISABILITY / SPECIAL NEEDS (optional)**

Please describe any disability or special accommodation needs:


** DECLARATION**

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information may result in disqualification from the programme.

<b>Applicant Signature</b>	<b>Office Use Only – Reference No.</b>
Date: ____ / ____ / ____	Received by: _____