



# Methodist Training Institute

## Application For Training Course

Please complete all sections. A separate application form must be completed for each course.

Course Number

Course Name

Start Date

End Date

### Section A: Personal Information

|                                     |                                   |                     |                         |                     |
|-------------------------------------|-----------------------------------|---------------------|-------------------------|---------------------|
| <b>(Mr./Mrs./Ms./Dr.</b>            | <b>First Name:</b>                | <b>Middle Name:</b> | <b>Surname:</b>         |                     |
| <b>National Registration Number</b> | <b>Date of Birth (yyyy/mm/dd)</b> | <b>Nationality</b>  | <b>Country of Birth</b> | <b>Gender (M/F)</b> |
| <b>Home Address:</b>                |                                   |                     | <b>Email Address:</b>   |                     |
| <b>Telephone Number</b>             | <b>Home</b>                       | <b>Work</b>         | <b>Mobile</b>           |                     |

**Section B: Applicant's Learning Needs**

1. Please indicate your highest level of qualification received.

2. Do you have any prior experience in any areas covered in the course?  
*If 'yes', in what area (s)?*

3. Indicate your objectives for undertaking this course.

4. How do you intend to use your new knowledge, understanding, skills and attributes?

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kindly email your completed application form to [mti@methodistscd.org](mailto:mti@methodistscd.org)