



Government of the Republic of Trinidad and Tobago
Ministry of Sport and Youth Affairs

MALICK YOUTH FACILITY
NATIONAL EXAMINATION CERTIFICATE (NEC) LEVEL COURSES
REGISTRATION FORM

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: Male Female
 dd / mm / yr

School/Work: _____

Home #: _____ Mobile #: _____ Work/Other #: _____

Allergies: _____

Emergency Contact: _____ Relationship: _____

Home #: _____ Mobile #: _____ Work/Other #: _____

Select a Course: 1. Electrical 2. Joinery 3. Beauty Culture

Signature: _____

PERMISSION BY PARENT/GUARDIAN (for applicants under eighteen years)

I _____ hereby give permission for _____

_____ *parent/guardian*

to attend the Level I NEC Course at the Malick Youth Facility commencing September, 2018.

Signature: _____
parent/guardian

Phone Contact: _____

NOTICE

**PERSONS MUST PAY ADHERENCE TO THE STRICT DRESS CODE WHICH
WILL BE IN EFFECT FOR THE DURATION OF THE COURSE.**

NO:

**Black pants / Skirts - White Shirts / Blouses - Short Pants
Extremely Short Skirts - Tights / leggings - T-Back / Thin Straps
Tube Tops - Strapless Tops / Vests**

**PERSONS IN VIOLATION OF THE ABOVE WILL BE REFUSED
ADMISSION TO THE COMPOUND**