



**National Skills Training Programme (NSTP)**

**S.T.E.P. Application Form**

Name:		
First	Middle	Last
Address:		
Date of Birth:		
Day	Month	Year
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone:		
Email:		

**Select 5 areas of interest in order of preference by numbering 1, 2, 3, 4, 5:**

Areas of Interest

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Banking  |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Creative Arts (Photography, Graphic Arts, Videography, Journalism) |
| <input type="checkbox"/> Education/Teaching (Pre-school, Primary, Secondary) | <input type="checkbox"/> Engineering (Mechanical, Electrical, Industrial)                   |
| <input type="checkbox"/> Entrepreneurship                                    | <input type="checkbox"/> Healthcare (Nursing, Pharmacy, Laboratory)                         |
| <input type="checkbox"/> Hospitality (Hotel, Guest House, Restaurant)        | <input type="checkbox"/> Human Resources  |
| <input type="checkbox"/> Information Technology                              | <input type="checkbox"/> Manufacturing  |
| <input type="checkbox"/> Port Operations                                     | <input type="checkbox"/> Professional Services (Accounting, Book Keeping, Secretarial)      |
| <input type="checkbox"/> Public Administration                               | <input type="checkbox"/> Public Works   |
| <input type="checkbox"/> Real Estate   | <input type="checkbox"/> Retail Trade   |
| <input type="checkbox"/> Telecommunications                                  | <input type="checkbox"/> Trades (Plumbing, Electrician, Tiling)                             |

