national youth civic service

Online

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ZENES POU TWA SA!

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to pou gagn?
• enn swivi profesionel
• Bann workshop ek l’experyans
• Rs 5000
• enn sertifika ki pou ogmant to sans gagn enn travay

ki bizin fer?
• ranpli bann form
• ki disponib dan sant zeness atraver lil et lor sit mys.govmu.org
hrdc.mu
mauritiusjobs.mu

Retourn ban form bien rempli lor souillacyc@govmu.org avant le vendredi 12 juin 2020

Souillac Youth Centre T: 625 5643
# NATIONAL YOUTH CIVIC SERVICE

## APPLICATION FORM

(To be filled by Participant in CAPITALS and as per birth certificate*)

### 1. Personal Details

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Surname*</th>
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<th>Gender</th>
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<td>Male</td>
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<th>Tel (Home)</th>
<th>Tel (Mobile)</th>
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Address:

Health information (Please √ where applicable if you suffer from any health problem)

- Bronchitis  
- Epileptic/Fit  
- Asthma  
- Diabetic  
- Cardiac  
- Pain (specify) ____________________  
- Other (specify) ____________________  
- Handicap (specify) ____________________

Name and phone number of Person to be contacted in case of emergency

### 2. Education Background

(Please tick the highest level of qualification)

- Form III or below  
- Form IV  
- SC  
- HSC  
- Other (specify) ____________________

### 3. Participant’s Consent and Responsible Party’s consent

(For Participants below 18 years of age)

1. I certify that all information provided above are true and correct.

2. I agree to participate / the participation of my child (*) in all the courses / activities of the National Youth Civic Service which is a 12 weeks programme.

3. I consent / do not consent (*) that photographs / video taken during courses / activities may be used by the Ministry for promotional purposes.

4. I understand that certain activities are considered high-risk and that high-risk activities may not be covered by the insurance arrangements of the Ministry. I understand that the responsibility for all risks arising from the Participant’s participation is placed solely upon the Participant.

5. I authorise Officers of the Ministry, in the event of any accident, injury or illness or loss suffered whilst participating in the Award to obtain any necessary medical assistance or treatment.

6. I understand that the Ministry are committed to respecting our privacy. Personal information collected are only for the purpose of participating in the Programme of this Ministry.

Signature of Participant  
Date / /  
Name of Responsible Party  
NIC  
Tel  
Signature of Responsible Party  
Date / /  

* Delete as appropriate

### 4. Office use

- Participant Number ____________________  
- Region ____________________  
- Remarks ____________________
**NATIONAL YOUTH CIVIC SERVICE**

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