TOURISM PRODUCT DEVELOPMENT COMPANY LTD.

***Please attach a copy of one of the following forms of photo identification, (e.g. passport, drivers’ licence or elector registration identification card).***

TOURISM TRAINING DEPARTMENT

**REGISTRATION FORM**

PROGRAMME TITLE**:**

VENUE: PROGRAMME DATE(S):

PARTICIPANT’S NAME: (in full)

***First Name Middle Name Last Name***

D.O.B.: GENDER: MALE FEMALE

 ***Day Month Year***

TRN: I.D. No.

I.D. Type I.D. Exp. Date

ADDRESS: TEL. #

EMAIL: OTHER TEL. #:

ORGANIZATION / WORKPLACE: # OF YEARS

ADDRESS: JOB TITLE:

|  |  |  |  |
| --- | --- | --- | --- |
| FORMAL EDUCATION | SECONDARY / HIGH | TERTIARY | PRIOR TRAINING(TOURISM RELATED CERTIFICATION) |
| PLEASE TICK |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TOURISM INDUSTRY EXPERIENCE (YEARS) | NONE | BELOW 1 YEAR | 1 – 5 YEARS | 6 – 10 YEARS | 11 – 15 YEARS | 16 - 20 YEARS | OVER 21 YEARS |
| PLEASE TICK |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POSITION | LINE STAFF | CLERICAL | SUPERVISORY | MANAGER | EXECUTIVE | SELF EMPLOYED | NOT EMPLOYED | NOT EMPLOYED IN THE SECTOR |
| PLEASE TICK |  |  |  |  |  |  |  |  |

PARTICIPANT’S SIGNATURE: DATE:

|  |
| --- |
|  INTERNAL CONTROL |
| PAYMENT RECEIVED (DATE): AMOUNT: RECEIVED BY:PAYMENT BY CHEQUE: (#) CASH: RECEIPT ISSUED: (#) DATE:COORDINATOR’S SIGNATURE: |

Rev. Sep. 2011