Vanuatu Institute of Technology

APPLICATION FOR ADMISSION

2017

Please read carefully the instructions below:

1. Complete this application in English or French using blue or black pen.
2. Fill in your personal details on the following pages of the form. If you change your contact details after submitting your application form, you must notify VIT by writing to the VIT Student Services Department.
3. Answer the following questions as required, incomplete applications will not be considered.
4. Attach with your application any academic records, work experiences or testimonials and references that will support your application.
5. Applications forms will not be considered if the required documents are not provided. Falsification of any document will disqualify your application.

   This form is to be filled strictly by the interested candidate only and not by any other person
6. We encourage disable candidates to apply for our courses.

Selection Criteria

1. Preference is given to students who have completed Year 10, 12, 13 or RTC graduates
2. A strong background in English, French and Mathematics is highly recommended.

APPLICATIONS FOR ADMISSION ARE ACCEPTED THROUGHOUT THE YEAR.

INTERESTED CANDIDATE WILL NEED TO COLLECT THE APPLICATION FROM THE VIT OFFICE.

Attach a

PASSPORT SIZED PHOTO

APPLICATION FOR ADMISSION

Complete this form in English or French with a blue or black pen

Your current name as shown on proof of identity

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name

Second Name

Family Name (in capital letters)

Date of Birth

Date Month Year

Gender

Male ☐ Female ☐

Which province are you from?

TORBA ☐ SANMA ☐ PENAMA ☐

MALAMPA ☐ SHEFA ☐ TAFEA ☐

Home Island

Contact details

Home phone number:

Mobile phone number:

Work phone number:

Email Address:

Facebook name:

What is the best way to contact you?

Phone ☐ Mobile ☐ Email ☐

Are you currently studying? Yes ☐ No ☐

If yes please indicate your school:

Indicate your highest level of education:

Have you studied at VIT in the past? Yes ☐ No ☐

Indicate the years you attended: From ☐ To ☐

If you are a disable candidate please provide a medical certificate? Yes ☐ No ☐

Address 1: Current school address

Address 2: Home address

List of courses you wish to apply for. You are allowed to make two choices. Write number 1 on your first choice and 2 on your second choice.

FOUNDATION STUDIES IN AUTOMOTIVE ENGINEERING	
FOUNDATION STUDIES IN MECHANICAL ENGINEERING	
FOUNDATION STUDIES IN JOINERY – FURNITURE AND CABINET MAKING	
FOUNDATION STUDIES IN CONSTRUCTION AND CIVIL ENGINEERING	
FOUNDATION STUDIES IN BUSINESS AND FINANCE	
FOUNDATION STUDIES IN INFORMATION AND COMMUNICATION TECHNOLOGY	
FOUNDATION STUDIES IN ELECTRICAL & ELECTRONIC ENGINEERING	
FOUNDATION STUDIES IN HOSPITALITY - ACCOMMODATION SERVICES	
FOUNDATION STUDIES IN HOSPITALITY - CATERING & COOKING	
FOUNDATION STUDIES IN HOSPITALITY - FOOD & BEVERAGE	
FOUNDATION STUDIES IN TOURISM	
FOUNDATION STUDIES IN MEDIA & JOURNALISM	
FOUNDATION STUDIES IN FINE ARTS	
CERTIFICATE I IN CLIMATE CHANGE	

Please answer the following questions (you can use additional paper if necessary).

1. Please outline your reasons to study a technical course at VIT?

2. Pease give details and evidence of any experience you may have in your course of choice

3. After completing your studies, what are your plans for the future?

4. How do you want to contribute to the development of Vanuatu?

How will you be funding your course?

☐ Self or private funded
☐ Seeking a scholarship

Required documents – Attach copies

If you do not supply all of the required documents your application cannot be considered.

1. Passport sized photo – write your name on the back of the photo attach it to the front page
2. Medical Certificate (if needed)
3. Academic records
4. Work experiences or testimonials and references

APPLICANT DECLARATION

☐ I declare that the information supplied in this application and the supporting documentation is true and complete

☐ I will advise VIT of any changes to my contact details

Signature

Date

Please return the completed application form and all attachment to:

Student Services
Vanuatu Institute of Technology
PMB 9015
Port Vila
Tel: (678)22294/22295

VANUATU INSTITUTE OF TECHNOLOGY
PMB 9015, Port Vila, Vanuatu
Telephone:+678 22294/95 Facsimile: +678 24825, Email: mwulurane@vit.edu.vu

STUDENT MEDICAL FORM / FICHE MEDICALE DE L'ELEVE

Very important document to be filled and signed by a certified Medical Practitioner

Name and First Name: ..... Sex: .....

Date of birth: ..... Place of birth: .....

Island of origin: ..... /Province: ....

Latest previous school: ..... Island: .....

Medical check-up:

11) Has any of the family relatives suffered from: TB, Mental illness or any other serious illness? Yes / No? (If yes state brief information)

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12) Has the student suffered from: Asthma, Heart decease, or any serious illness? Yes / No? *(If yes, give brief information)*

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13) Does the student have any forms of disabilities (mental, ears, eyes, leg, hand etc....)? Yes / No? (If yes, please indicate)

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14) Does the student have any food restriction? Yes / No? *(If yes, please specify what food restriction)*

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STUDENT MEDICAL FORM / FICHE MEDICALE DE L'ELEVE

15) Does the student take any regular medications? Yes / No? *(If yes, please state the name of that particular medication)*

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.....

16) Does the student have child/children under .her/his care? Yes / No? *(if yes please do provide brief information/birth certificate)*

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17) Medical examination in general

/Height : ..... Weight: ..... Chest: .....

Vision: ..... Ears: ..... Lugs: .....

Teeth: ..... Abdomen: ..... Heart: .....

Urine: ..... Skin: .....: scabies: ..... Sores: .....

18) General status of health

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STUDENT MEDICAL FORM / FICHE MEDICALE DE L'ELEVE

Docteur/Doctor:

I, doctor, ... undersigned certify that I have seen this

Particular student on (date): .....at (Hospital/dispensary).....

Signature: ..... Stamp: .....

19) Témoignage des parents/Parent's approval:

I, ...(father/mother) undersigned confirmed that every information given by the doctor concerning health status of my son / daughter, are correct and true and cannot be disputed. Therefore I'm signing this medical form to approve and witness the doctor's report.

Signature: ..... Date: .....

20) Témoignage de l'Etudiant(e)/Student's Witness:

I,....., undersigned confirmed that every information given by the doctor concerning my health status are correct and true, and cannot be disputed. Therefore, as witness I sign my medical form.

Signature: .... Date: .....