



SMALL SCALE MINING TRAINING CENTRE

PO Box 126
 WAU, Morobe Province
 Tel No: (675)4746699/3213511
 Mobile No: (675) 71922394

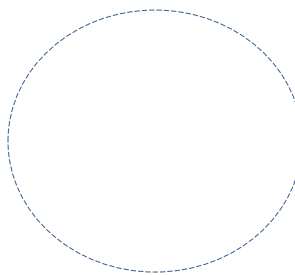
NTC Reg No: 214

REGISTRATION FORM

SECTION A: PERSONAL DETAILS			
Given Name (Nem bilong yu)		Surname (Nem bilong papa)	
Date of birth (Dei mama karim yu)	-----/-----/-----	Age (Krismas bilong yu)	
Gender (Man o Meri)	<input type="checkbox"/> Male (Man)	<input type="checkbox"/> Female (Meri)	
Marital status(marit or nogat)	<input type="checkbox"/> Married (marit)	<input type="checkbox"/> Single (Ino marat)	
Religion			
CONTACT			
Contact address (edres bilong yu)			
Telephone Number (Phone namba)	<input type="checkbox"/> Digicel -----	<input type="checkbox"/> B-mobile -----	
Email address			
PLACE OF RESIDENCE			
Village(Liklik ples bilong yu)		Town(Taun)	
Province(Asples province bilong yu)			
Where do you reside (ples yu stap nau)			
EDUCATION LEVEL			
Education (Skul yu pinis)			
Occupation(wanem wok yu mekim)	<input type="checkbox"/> Miner (Wok gol)	<input type="checkbox"/> Non-miner (Mi no wok gol)	
SPECIAL NEEDS			
Allergies (itambu kaikai)	-----		
Speak(Yu ken tok)	<input type="checkbox"/> English (Tok inglis)	<input type="checkbox"/> Pidgin (Tok pisin)	
Listen (Yu ken harim)	<input type="checkbox"/> English (Harim inglis)	<input type="checkbox"/> Pidgin (Harim tok pisin)	
Writing (Yu ken rait)	<input type="checkbox"/> English (Rait lo inglis)	<input type="checkbox"/> Pidgin (Rait lo tok pisin)	
Others	-----		
Signature	-----		

SECTION B : DATA ENTRY (SSMTC USE ONLY)				
Registration Accepted	Training Coordinator Signature	Course Date	Contact ID #	Date entered in SSMTC Data base
<input type="checkbox"/> Yes	-----	-----/-----/-----	-----	-----/-----/-----
<input type="checkbox"/> No				

SECTION C: BANK USE ONLY			
Bank	Branch	Account Name	Account No:
BSP	Bulolo	Nationwide Microbank	100 119 6696
Nation Wide Microbank	Wau	WAU SSMTC	0000 5045
Customer Name: _____			
Customer ID: <input type="checkbox"/> General ID <input type="checkbox"/> SSMTC ID <input type="checkbox"/> OTHERS			

Date	Course Fee			Amount paid Receipt No:	Teller's Initials	Bank Stamp
----/--/--	Level	<input type="checkbox"/> Self-Sponsor	<input type="checkbox"/> Corporate Sponsor	K _____ Receipt No: _____		
	<input type="checkbox"/> Level 1	<input type="checkbox"/> K250	<input type="checkbox"/> K300			
	<input type="checkbox"/> Level 2	<input type="checkbox"/> K350	<input type="checkbox"/> K400			
	<input type="checkbox"/> Level 3	<input type="checkbox"/> K450	<input type="checkbox"/> K500			
	<input type="checkbox"/> Level 4	<input type="checkbox"/> K550	<input type="checkbox"/> K600			

Bank Teller :
Please attach payment receipt (s)

Applicant :
You must present your registration/course fee receipts to the SSMTC Administration office for completion of the registration process.

Yu mas kisim benk risit bilong yu ikam na givim igo lon SSMTC ofis lon stretim registresen bilong yu

Email Address

You can forward your registration /course fee receipts to these following:
ltomaing@mra.gov.pg or gjoma@mra.gov.pg