

MALAWI COUNCIL FOR DISABILITY AFFAIRS (MACODA)

BANGWE FACTORY, P.O. BOX 5971, LIMBE, MALAWI

Tel no.: 0880608533/ 0992604900

APPLICATION FORM FOR TAILORING TRAINING

A. Personal Information

1. Forename..... Other names Surname
2. GenderM/F..... Date of birth/...../.....
3. Marital status.....
4. Permanent address VillageT/A..... District
5. Residential address:
6. National Identification number (ID)..... Cell
7. Do you have a disability? Yes /No
8. If Yes, type of disability:
9. Do you need any assistance: Yes/ No
10. If yes, what type of assistance:

B. Next of kin:

11. Name of next of kin:
12. Address: Cell:

C. Education

13. Highest level of education attained:

14. Others (specify):

D. Tailoring Skills Information

15. Any previous tailoring skills done: Yes/No

If yes, mention level attained:

E. Declaration

I Do hereby declare that the information provided above is true to the best of my knowledge:

I also agree that I will pay a non-refundable fee of MK10,000 at application.

Signature: Date

