## 

## *This application should be completed in BLACK/BLUE and BLOCK letters. Submitting*

## *incomplete application requirements may delay admission and enrollment.*

## PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name First Name | | Middle Name | | |
|  | |  | | |
| Date of birth Birthplace | | Gender Status Nationality | | |
| \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year | | € Male €Single ­  € Female €Married | | |
| Residential Address | |  | LANGUAGES SPOKEN AT HOME: | |
|  | |  |  | |
| Permanent Address | |  | | |
| Telephone No. | Cell Phone No. |  | | E-Mail |
|  |  |  | |  |
| **When do you prefer to receive messages from us? (Please put a check inside the box)** €AM €PM  € Monday-Friday € Monday Only € Tuesday Only €Wednesday Only €Thursday Only €Friday Only | | | | |

## 

## SCHOLASTIC INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **LEVEL** | **NAME OF SCHOOL/INSTITUTION** | **LOCATION** | **PERIOD OF STUDY**  **From - To** |
| **ELEMENTARY** |  |  |  |
| **HIGH SCHOOL** |  |  |  |
| **COLLEGE** |  |  |  |
| **VOCATIONAL** |  |  |  |

**WORK EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **DATES (from most recent)** | **COMPANY** | **LOCATION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SKILLS AND INTEREST**

|  |  |
| --- | --- |
| **SKILLS** | **INTEREST** |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | FATHER  LAST NAME FIRST NAME |  | | OCCUPATION | | TELEPHONE NO. CELL PHONE NO. | E-MAIL | | | | P PERMANENT ADDRESS | P | | | | MOTHER  LAST NAME FIRST NAME |  | | OCCUPATION | | TELEPHONE NO. CELL PHONE NO. | E-MAIL | | | | P PERMANENT ADDRESS |  | | | | SPOUSE  (€ N/A) LAST NAME FIRST NAME |  | OCCUPATION | | |

**FAMILY BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIBLINGS - NAME** | **AGE** | **CIVIL STATUS** | **OCCUPATION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## PASSPORT DETAILS Do you own a passport? € YES € NO

|  |  |
| --- | --- |
| PASSPORT NUMBER |  |
| ISSUE DATE |  |
| PASSPORT EXPIRATION |  |

## PROGRAM INTEREST (Please put a check inside the box)

|  |
| --- |
| € HOSPITALITY AND CULINARY € NURSING PROGRAM € I.T. PROGRAM € MASTERS/MBA PROGRAM  € ENGINEERING € MANAGEMENT €ACCOUNTING €Other Courses: (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COUNTRY INTEREST (Please put a check inside the box)**

|  |
| --- |
| € AUSTRALIA € CANADA € NEW ZEALAND € USA  € SINGAPORE € IRELAND €SWITZERLAND €Other Countries: (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HOW DID YOU HEAR ABOUT US? (Please put a check inside the box)**

|  |
| --- |
| € Education Agent € Career and Education Expo € School/Organization € Word of Mouth  € Website/Internet € Social Media €Others (Please Specify)\_\_\_\_\_\_\_\_\_\_ |

## I declare that all information submitted on this application form and the attached documents are correct and complete. I authorize PSACI to obtain official records from any educational institution that I have previously attended. I understand that PSACI reserves the right to reverse any decision regarding admission and enrolment made on the basis of incorrect or incomplete information.

## If accepted as a student, I agree that my admission, matriculation, graduation are subject to the rules and regulations of PSACI and partner institutions. I further agree that I will abide with the Code of Discipline of the company and the school.

***PRIVACY POLICY***

We take precautions to protect your information. All the sensitive information you provided us with are secure and protected.

Whenever we collect sensitive information (such as contact numbers and passport details), the information remains disclosed only to the company and are to be used only under circumstances that you have consented upon.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPLICANT SIGNATURE OVER PRINTED NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE | **TO BE FILLED UP BY PSACI** |
| REVIEWED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_ |
| REMARKS: |