APPLICATION FOR ADMISSION

PARALEGAL TRAINING INSTITUTE

SECTION I — PERSONAL DATA

Name (Block Capitals):

Last Name | First Name | Middle Name

Place Passport-Sized Photograph Here

(endorsed by a JP, Police Officer, or Attorney-at-Law)

Date of Birth (Day/Month/Year) | Marital Status | Nationality

Tax Registration Number (TRN)

Mailing Address

Address (if different from mailing address)

Telephone (Home) | Telephone (Work)

Cell (WhatsApp) | E-mail

● *Please present an original of your birth certificate at registration, along with the passport-sized photograph above endorsed by a Justice of the Peace, Police Officer, or Attorney-at-Law.*

SECTION II — EDUCATION & EMPLOYMENT

PROGRAMME BEING APPLIED FOR

Programme

Schedule: ☐ Evening

EDUCATION — list chronologically all schools attended. Copies of your examination records should be made available to the Institute.

Schools Attended	Date Attended	Subjects / Qualifications Achieved

Other Education and Training

EMPLOYMENT RECORD — please begin with your most recent employer

Organization	Address & Number	From	To	Position Held

SECTION III — FINANCE & REFERENCE

Course Sponsorship: ☐ Self ☐ Employer ☐ Other

Fill in this section if either of the last two applies

Sponsor's Name

Occupation | Address

Company/Firm Name (if applicable) | Company/Firm Address

Name of Authorizing Personnel | Signature of Authorizing Personnel

Level of Sponsorship: ☐ Complete ☐ Partial

If partial, amount being paid (in words and figures)

REFERENCES — list two (2) references who are not your relatives

Name	Address	Occupation	Telephone (Home / Mobile / Work)

I hereby acknowledge that all information submitted is true.
NB: All fees paid are non-refundable.

Name (please print) | Signature | Date

DATA PROTECTION STATEMENT

The personal data collected throughout this application form is intended solely for use within the Paralegal Training Institute. It will be used by authorized staff members of PTI for purposes related to your application, enrollment, and ongoing participation in our programmes. Your data will not be shared with any third parties without your explicit consent.

The data will be securely stored both in our internal cloud storage and in our on-site vault, ensuring compliance with data protection standards.

By signing below, you have granted us permission to communicate with you through WhatsApp, Gmail, and any other email address you have provided. By signing below, you are agreeing that we will be held faultless should any of these means of communication become compromised through no fault of ours.

Full Name Signature Date

Witness

PARALEGAL TRAINING INSTITUTE

Per

Charmaine A.N. Patterson, Chairman