

Opposite Black & White Garage, Brikama Highway, Busumbala

Contact: +220- 3658926/+220-2654772 Email:info@sterlingtech@gmail.com

Application Form

1 . N a	ame:
2. G e	ender:
3 . Na	ationality:
	ate or Year of Birth:
	dentification Number: (birth certificate, ID card, passport, voter's ard)
	urrent Address: Region Village/Town
7. P]	lace of Origin: RegionVillage/Town
8. C c	ontact Numbers (required)
	. (WhatsApp contact number)
9 . N a	ame and Contact Number of Parents/Guardian (required)
	Email address (if available):
11.	Social Media address (Facebook, Twitter, Instagram):



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	Highest level of education attained (please check the most appropriate):
	☐ Primary ☐ Junior Secondary ☐ Senior Secondary ☐ Tertiary Level (University, College or other higher institution) ☐ Madrassa (Arabic School)
	Please attached certificates
	Are you with disability Yes
14.	Are you a victim of human trafficking? ☐ Yes ☒ №
15.	Course Area applying
	Why you applying for this course
	Employment status during registration
	☐ Employed ☐ Unemployed ☐ Self-employed ☐ Partially employed
	Signature: Date: