

APPLICATION FORM – 2023
MONTFORT BOYS TOWN.

P O BOX 14421, SUVA. TELEPHONE: 7456155 /2863591
Email: mbtsuva@gmail.com Viber: 7456155

Application No: _____

Please enclose the following

No	Particulars	Yes	No	Quantity	
01	Original birth certificate			Two copies	Passport photos x 2
02	Tin Card			One copy	
03	Final report from last school attended				
04	Medical report				
05	Any other certificate				
06	Letter of introduction/Reference			Pastor/Priest/Notary/Justice of peace	
07	Passport size photo -2 Nos			Shirt with Tie on a blue back ground	
08	Any health issues (Medical Report)			Provide medical clarity	
09	Vaccination Card – Copy both sides			Copy of Both Side	
10	Bus Card			If Selected and Boarding	

Application Form Due Date: 17th January, 2023

FALSIFIED information given in the application form WILL NOT BE CONSIDERED for admission.

I APPLICANT'S PARTICULARS (To be filled by the candidate)

No	Particulars	Capital Letters	No	Particulars	Capital Letters
01	Name		07	Phone	
02	Home address		08	Date of birth	
03	P.O.Box		09	Religion	
04	District		10	Weight	
05	Island		11	Height	
06	Address for correspondence:		12	Birth Reg. No.	

II EDUCATION DETAILS

No	Particulars	Capital Letters	Year	Pass	Fail
01	Primary School				
02	Sec. School				
03	Are you schooling				
04	Why discontinue				
05	Hobbies				
06	Sports				
07	Any other information				
08	Did you apply earlier at MBT?				

III DETAILS OF APPLICANT'S BROTHERS AND SISTERS

No	Name	Age	School/Work	Income
01				
02				
03				
04				

IV COURSES AVAILABLE

No	Trade	No	Trade
01	Building & Block laying	04	Automotive Mechanic
02	Fitting & Machining	05	Electrical
03	Cabinet Making & Joinery		

V YOUR CHOICE/PREFERENCE

01		First Choice
02		Second Choice
03		Third Choice

VI DECLARATION

I hereby certify that the statements made in this form are true. In the event of any of the statements being found untrue, I unquestionably submit to any of suitable disciplinary action initiated by Montfort Boys' Town. If admitted to Boys' Town for training, I _____ son of _____ do hereby agree to observe and abide by all rules, regulations and standing orders of Montfort Boys' Town and that work expected of me and in all things conduct myself in a responsible manner. My conduct shall always be honest. I respectfully submit to the Director to suspend or dismiss me, should my progress in work, attendance or conduct is found unsatisfactory. I humbly submit to the Director that I have clearly read the prospectus and have understood the demands to abide with the rules and regulations of Montfort Boys' Town (MBT).

Date: _____

Signature of the Candidate

PART B

I PARENTS PARTICULARS

No	Details	Father	Age	Religion	Mother	Age	Religion
01	Name						
02	Living/Dead						
03	Occupation						
04	Income/week						
05	Address						
06	Mobile						
07	Place of work						
08	Marital Status						
09	Email						
10	Viber						
11	Living with	Father	YES	NO	Mother	YES	NO

II Particulars of Guardian (If not living with the parents)

No	Particulars	Details
01	Guardian's Name	
02	Age	
03	Occupation	
04	Income/week	
05	Address	
06	Mobile/Viber	
07	Relationship	
08	Emergency contact	
09	Any contact in Suva	

III FEES STRUCTURE

No	Fees
01	Total Fee for Year 1 \$1,193-00 (Tuition & Admission)
02	Year 2 \$ 950-00 (Tuition)
03	Enrolment & MBT Student Service Payment - \$ 53-00 (to be paid upfront for enrolment)
04	Accommodation (MBT – Boarding) \$300.00 Per Term (3 Terms - To Apply 2 weeks Before each Term)

The Enrolment of a student at the Institute is deemed contract between the student and the Institute
MBT reserves the right to make any appropriate changes deemed necessary for the Course delivery and fee structure.

IV ITEMS NEED TO BRING WITH THE TRAINEES FOR BOARDING STAY – Marked Items

No	Item	Quantity	No	Item	Quantity
01	Chest Box (Size Medium)	01	10	Digging fork	01
02	Mattress (single bed)	01with cover	11	Cane knife	01
03	Bed Cover	02	12	Plate, cup, Spoon	01each
04	Pillow & Cover	01pillow 03cover	13	Blanket	01
05	Towel	02	14	Pants, shirts, underwear, shorts, T shirts	
06	Gum boot	01	15	Pad lock	03
07	Safety Boot- Good quality	01	16	Toiletries – (Parent's to supply as needed)	
08	Footwear (Sandal Flip flop)	01 each	17	Bucket & scrubbing brush	01each
09	Broom	04			

Please note:

01. Stealing is prevalent in the boarding. Please mark visibly all your belongings with undeletable ink
02. Undergarments, pants, shirts, uniforms, overall need to be visibly written your name in front. Alternately, you could embroidery your name on all your clothing
03. One bed, one desk, one chair, one cupboard for tools shall be entrusted to your care. Please take care of these items. Should there be any damages to any one of these; it shall be made good by your parents before you leave the portals of MBT.
04. Application should be hand delivered and ready for an interview with parents/guardians including \$53-00 enrolment charges
05. **Mode of study:-** Face to Face
During crisis:- (1)Online (2)Distance learning through soft/hard copy or supplementary resources.

V DECLARATION

I certify that the following information given above is correct. In the event of my son / ward _____ being admitted to the institute, I shall be personally responsible for his conduct and behavior during the entire training period and for his adherence to all rules and regulations of Montfort Boys' Town and those, which may be amended from time to time. I shall make good any loss or damage that may willfully or negligently be caused by him to the institute. I accept the final decision of the Director to suspend or dismiss my son / ward, when his progress in work, attendance or conduct is found unsatisfactory or in the event of my failure to comply with his declaration. I further agree to pay any outstanding dues what so ever of my son / ward to the institute. I shall work collegially with the Director and teachers, so as to make my son/ward a productive citizen of Fiji.

Date: _____

Signature of Parent / Guardian

PART C

CERTIFICATE

*(To be given by any one of the following officers after verifying Part A and Part B)
Principal of the School / District Officer / Medical Officer / Welfare Officer / Justice of Peace / Rako Tui / Assistant Rako Tui*

I hereby certify that _____ son of _____
is known to me and after verification I further certify that the income from all sources shown and all other particulars are **CORRECT**.

Place: _____ Signature: _____
Date: _____ Name: _____
Designation and Address (SEAL)

FOR OFFICE USE ONLY

Application received on		Short Listed	<input type="checkbox"/>	Reserved	<input type="checkbox"/>
ENCLOSURES					
No	Enclosures	Quantity	Received on	Returned on	
01	Birth Certificate original				
02	School report				
03	Reference Letter				
04	Medical report				
05	Passport size photo 2 Nos.				
06	Any other certificates				
07	Tin Letter / Card				
08	Vaccination card Copies both sides				
09	Bus Card if Boarding				
Application No. _____ Trade Selected : Trade Certificate in _____					
Admin Signature:			Dated:		

Any other Comments :

Selected Not Selected Reserve List

Accommodation : Boarding Day Scholar

Principal Signature:

MONTFORT BOYS TOWN
MEDICAL EXAMINATION FORM

A. IDENTIFICATION							
1.	FULL NAME				ID Supplied		
2.	ADDRESS						
3.	NATIONALITY						
4.	DATE OF BIRTH						
5.	OCCUPATION						
6.	AGE						
7.	SEX				Height:	Weight:	
8.	KNOWN MEDICAL CONDITIONS: (e.g. Covid, Tuberculosis, Diabetes, Mellitus, H.P. Heart Diseases etc.)						
B. MEDICAL HISTORY							
		Yes	No			Yes	No
9.	Operation			21.	Diabetes or Sugar in Urine		
10.	Hospital treatment or admission			22.	Any medical history		
11.	Tuberculosis			23.	Drug issues / Smoking		
12.	Other lung disease, Abnormal Chest X-Ray			24.	Eye Sight		
13.	Convulsion, Fits or Epilepsy			25.	Asthma		
14.	Mental Disease, Anxiety, Depression			26.	Hepatitis		
15.	High Blood Pressure, Heart Trouble			27.	Sexual diseases		
16.	Joint Pains, Arthritis, Rheumatism, Neck or Back trouble			28.	Vaccination History 1 st dose Date:		
17.	Stomach Pains, Indigestion or Heart Burn			29.	2 nd dose Date:		
18.	Infectious Disease Lasting More than 2 wks			30.	Ear/Nose/Mouth/Throat/Teeth		
19.	Are you taking any pills, medications or having any other treatment?			31.	Nervous diseases		
20.	Kidney or Bladder disease			32.	Mellitus		

Are there any physical or mental conditions, which may affect this trainee's ability to learn and demonstrate technical training effectively and efficiently?

Name of Examiner:

Signature:

Stamp of Examining Doctor

Date

