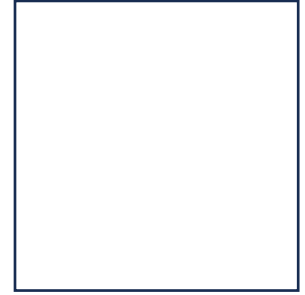


NATIONAL YOUTH AUTHORITY (NYA)
NATIONAL APPRENTICESHIP PROGRAMME APPLICATION FORM

Serial No:



SECTION 1: PERSONAL INFORMATION

1. Full Name:

First Name: _____ Middle Name: _____ Last Name: _____

2. Date of Birth:

Day: ____ Month: ____ Year: _____

3. Gender:

☐ Male ☐ Female

4. Marital Status:

☐ Married ☐ Single

5. Religion

☐ Muslim ☐ Christian ☐ Other

6. Disability Status

Do you have a disability?

☐ Yes ☐ No

If yes, please specify the nature of the disability:

7. Current place of Residence: _____

8. Ghana Card ID: _____

9. Contact Information:

- Mobile Phone Number: _____

- Email Address: _____

- Residential Address/Ghana Post Code: _____

District: _____ Region: _____

10. Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

SECTION 2: EDUCATIONAL BACKGROUND

11. Highest Level of Education Completed:

☐ Primary School ☐ Junior High School ☐ Senior High School ☐ Diploma ☐ Bachelor's Degree
☐ Master's Degree ☐ Other: _____ ☐ None

12. List any Certifications or Additional Training (if applicable):

Certification/Training: _____ Institution: _____ Year: _____

SECTION 3: PROGRAMME-SPECIFIC QUESTIONS

13. Why are you interested in the National Apprenticeship Programme?

14. Trade Area of Interest for Apprenticeship:

- | | | |
|---------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> ICT & Digital Services | <input type="checkbox"/> Craftsmanship & Artisanal Trades |
| <input type="checkbox"/> Traditional Crafts | <input type="checkbox"/> Fashion & Beauty | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Renewable Energy | <input type="checkbox"/> Hospitality & Tourism | <input type="checkbox"/> Automotive |

15. Preferred Location for Training:

City: _____

Region: _____

16. Additional Information

Have you ever participated in an apprenticeship programme before?

- Yes

- No

If yes, please provide details:

17. Do you have any medical conditions that may affect your participation in the programme?

☐ Yes ☐ No

If yes, please specify: _____

SECTION 4: GUARANTORS

18. Provide two Guarantors:

1:

- Name: _____

- Relationship: _____
- Contact Number: _____
- Email: _____

2:

- Name: _____
- Relationship: _____
- Contact Number: _____
- Email: _____

SECTION 5: DECLARATION AND CONSENT

19. Declaration:

I, _____ (Applicant's Full Name), hereby declare that the information provided in this application form is true and accurate to the best of my knowledge. I understand that falsification of information may lead to disqualification from the programme.

Signature: _____ Date: _____

20. Consent for Background Checks:

☐ I consent to the National Youth Authority conducting background checks, including verification of educational qualifications, as part of the selection process.

Signature: _____ Date: _____

SECTION 6: SUBMISSION DETAILS

- How to Submit:

Please submit this completed form along with the following documents:

1. Copy of valid ID

2. Recent passport-sized photograph

3. Guarantor's Signed Form

- Submission Method: ☐ Online Portal ☐ Email ☐ Physical Submission

- Online Portal Link: **www.nap.nya.gov.gh**

- Email Address: **napapply@nya.gov.gh**

- Physical Submission Address: **Nearest National Youth Authority District/Regional Office**

Thank you for applying to the National Youth Authority's National Apprenticeship Programme!

We wish you the best of luck with your application.