



SICOBHO SKILLS CENTRE

'OASIS IN SKILLS TRAINING'

P. O Box 133
Mankayane
email: sicobhetrade@gmail.com
Contacts: (+268) 78199730

APPLICATION FOR ADMISSION (2025)

NB!
COMPLETE ALL SECTIONS IN INK AND RETURN TO THE SKILLS CENTRE OFFICE, OR EMAIL TO sicobhetrade@gmail.com

Application forms should be submitted on or before2025.

A NON-REFUNDABLE APPLICATION FEE OF E100.00 MUST BE DEPOSITED AT THE BANK OR AT THE OFFICE.

(PLEASE TICK ONE)
COURSE TO STUDY:

1. CARPENTRY & JOINERY

2. ARC WELDING

3. SEWING

PERSONAL DETAILS (USE BLOCK LETTERS)

TITLE:	MS / MRS / MR (CIRCLE ONE)
FULL NAME:	
GENDER:	
PERSONAL IDENTITY NUMBER:	
DATE OF BIRTH:	
MARITAL STATUS:	SINGLE / MARRIED / OTHER
CITIZENSHIP:	
POSTAL ADDRESS: (If applicable)	
PHYSICAL ADDRESS:	
TOWN:	
EMAIL:	
CELL / PHONE:	
NEXT OF KIN DETAILS:	PARENT / SPOUSE / GUARDIAN (specify).
FULL NAME:	
PHYSICAL ADDRESS:	
CELL NUMBER:	

DECLARATION BY APPLICANT

I declare that the above information is correct. I have attached copies of all relevant certificates. If accepted for training, I promise to abide by the rules and regulations of the institution.

Date:...../...../2025. Applicant signature:.....

NB!

(i) Application form to be accompanied by:

- a. Application fee: E100.00 payable to;
NEDBANK
Mbabane Branch
Account number: 11990228592
Reference: (name of applicant)

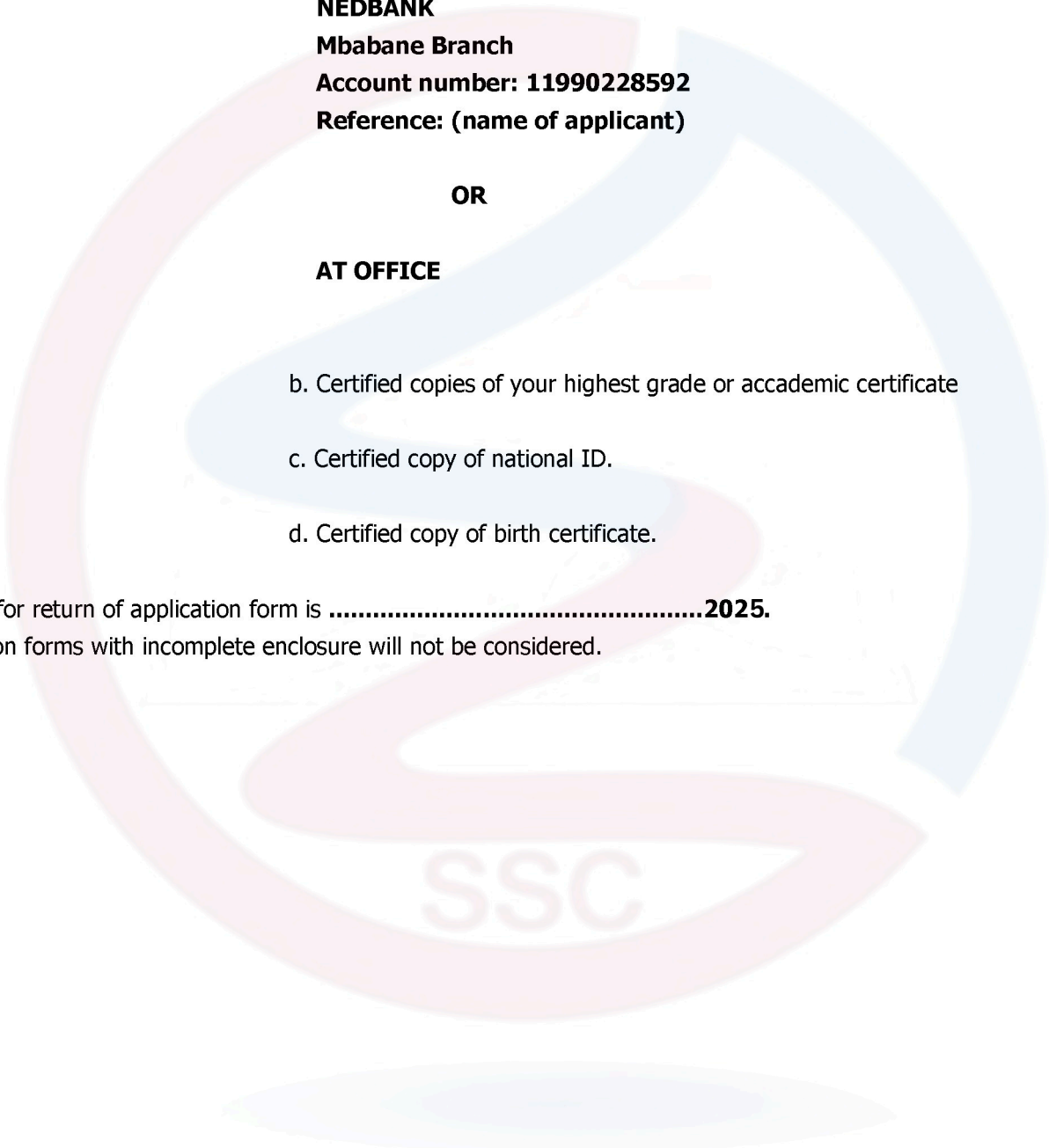
OR

AT OFFICE

- b. Certified copies of your highest grade or accademic certificate
- c. Certified copy of national ID.
- d. Certified copy of birth certificate.

(ii) Deadline for return of application form is**2025.**

(iii) Application forms with incomplete enclosure will not be considered.



FOR OFFICE USE ONLY

SICOBHO SKILLS CENTRE

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Declared by Office.

Application received in the institution by

.....

Date:...../...../2025.

Signature:.....