



# GOVERNMENT OF SEYCHELLES

## Scholarship Application Form

### For Pre-Service Candidate

Place a recent photograph of yourself here

#### Details of Applicant

1. Surname .....
2. First Name(s) .....
3. Date of Birth (dd/mm/yy).....
4. Gender (M/F): .....
5. NIN: 

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6. Nationality: .....
7. Marital Status (Single/Married) .....
8. Number of Children .....
9. Address in Seychelles.....
- 10 a) Telephone (Sey).....
- 10 b). Email Address: .....

#### Details of Person to be Notified in Case of Emergency

11. Surname .....
12. First Name(s) .....
13. Title (Dr/Mr/Mrs/Miss/Ms):.....
14. Relationship to trainee (e.g. father/mother/guardian/spouse, other specify).....
15. Address .....
16. Telephone .....

17. Give details of your results in **AICE**/'A' Level/**AS** Level Examinations (cross out as appropriate)

Examining Board	Year	'A' Level Subjects	Grade

18. Please give details of courses you have followed in Professional Centre's in Seychelles and/or overseas.

PERIOD		Name of Institution	Address of Institution	Course Title Followed	Title of Certificate Obtained
From	To				

### Details of Current Training Application

19. Please complete table below to indicate, in order of preference the field(s) of training which you wish to be considered for:

Order of Preference	Field of Training	Level (e.g. HND, BSc, PGCE, MSc)
First		
Second		
Third		

### DECLARATION BY APPLICANT

20. I declare that the information I have provided on this application form is true and accurate to the best of my knowledge.

If accepted for a scholarship, I agree to be bound by all the regulations governing the award and tenure of Government sponsored scholarships. I understand that should I breach these regulations, my scholarship award may be terminated, and I may then become liable to reimburse all or part of the cost of my training award, as determined by Government.

I agree to honor my commitment to the Republic of Seychelles upon completion or termination of training.

.....  
**Signature of Applicant**

.....  
**Date of Signature**

### IMPORTANT NOTICE

The completed form should be returned to the **Chief Executive Officer, Agency for National Human Resource Development (ANHRD), Ministry of Education, Mont Fleuri, Mahe, Seychelles** or emailed to the CEO on the following address: [ceo@anhrd.gov.sc](mailto:ceo@anhrd.gov.sc).