

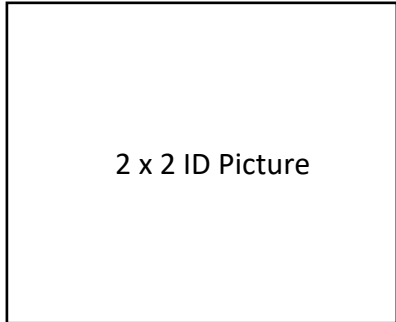
## Trainee Information Sheet

**Entry Status**

- Trainee
- Candidate for Assessment

**Training Program**

- HEO (Forklift) NC II
- Warehousing Services NC II
- Dangerous Goods Regulations Training
- Ground Handling Operations Training
- Other Program (Pls.) Specify \_\_\_\_\_



Last Name:								
First Name:					Name Ext. (e.g. Jr., Sr.)			
Middle Name:					Middle Initial			
Date of Birth:		/	/	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age: _____		
mm	dd	yyyy						
Birthplace:					Civil Status:			
Home Address:					Religion:			
Email Address:					Citizenship:			
Mobile Number:					Telephone Number:			
School Last Attended:								
Educational Attainment:					Year Graduated:			
Current / Last Employment:					Position Title:			
Guardian's Name:					Contact Number:			
Spouse's Name:					Contact Number:			

- Payment Scheme:  Full Payment  Installment
- Method of Payment:  Cash  Bank Transfer  Credit Card  Check

**Contact Person to be notified in case of emergency:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Data Privacy Consent
<p>TBI shall keep all personal data in strict confidentiality if such data are not intended for public disclosure. There will be instances however where the data collected shall be used for legitimate purposes, such as but not limited to enrollment, academic advancement, research and support services, and career services including references, work and other placements in order to promote your best interest.</p>
Terms and Conditions
<p>I hereby certify that all information is true and correct and I agree that my admission, training/assessment fee and promotion are subject to the rules and regulations of Talent Bridge Inc</p>

\_\_\_\_\_  
Signature of Applicant over Printed Name

\_\_\_\_\_  
Date