



CRAFTSMAN TRAINING AND TECHNOLOGIES SOLUTIONS

TRAINEE REGISTRATION FORM

Carefully provide all the details required as requested by this form

TITLE Mr. Mrs. Ms Dr. Nana Other.....

FORM NO. CTTS

First Name

Surname

Middle Name

Gender

M

F

Age

Date of Birth

D

D

/

M

M

/

Y

Y

Y

Y

Place of Birth

Hometown

Current town/Place of Residence

Current Occupation

Level of Education

Contacts

Residential Address

Postal Address

Email Address

Kindly refer and review from brouchure (if available) and make a choice of a Training

Training Name

Training duration (In Weeks)

Other Trainings

Region

District

Town

Date

Signature/Thumbprint

I give my consent to participate in the Craftsman Training and Technologies Solution, Training program. I acknowledge that the data I have provided may be recorded for the purposes of the programme.

DISCRETION!: All participants should note that, CTTS is not liable for deliberate negligence of handling machines and it's consequences there off .