Chitra Lane School for the Special Child, 45/3, Chitra Lane, Colombo 5

Chitra Lane Academy

REGISTRATION No.

APPLICATION FOR A FULL-TIME COURSE – 2025

CERTIFICATE COURSE ON "CHILD CARE & THERAPY ASSISTANT (SPECIAL NEEDS) AT NVQ – LEVEL 4

1. Name in Full**:** .....**...**.....
   (In English Block Letters**)**
2. Name in Full**:** .....
   (In Sinhala or Tamil**)**
3. National Identity Card No**:** ..... **3.1.** Age**:** .....
4. Address**:** .....
   .....
5. E-mail Address **:** **……..……..**
6. Gender: Male / Female .....**.....**..... **6**.2. Civil Status**: .....**.....**.....**
7. Telephone No. **(**Home**):** ..... Mobile**:** .....
8. If Employed at present, **8.1**. Designation: .....
   8.2. Name and Address of Workplace:
   .....
9. Educational Qualifications: Postgraduate/ Degree **/** Undergraduate **/** Diploma **/** Pass in A/L **/** Sat for A/L Exam **/** Pass in O/L **/** Sat for O/L Exam **/** Pass in Grade 8
10. Other Qualifications: .....**...**.....
11. Name, Address and Telephone No. of the person to be notified in an emergency:
    .....

I hereby certify that the above particulars are true and correct.

....

Applicant's Signature: **Date**