



APPLICATION FOR ADMISSION



PMB 7086 Boroko, NCD | Ph +675 71059837 (Digicel) +675 84619710 (Voda) +675 78454860 (Telkom) | Email admission@pngcu.ac.pg

Personal Information

Full Name	FIRST NAME		SURNAME
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status
Date of Birth			Place of Birth
Citizenship			Religion

Current/Valid Address

Residential Street	Postal Address
City/Town	District
Province	Province of Origin
Phone Number	Email Address

Emergency Contact

Full Name	Relationship	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Phone Number	Email Address	

Education

School/Institution Attended	Year Attended	Qualifications, Awards, Attainment

*To complete your application, please submit certified photocopies of the aforementioned documents as supporting evidence

Desired Diploma and Certificate (Short Courses) programs

DIPLOMA PROGRAM (2 years)

- Early Childhood Care and Education

CERTIFICATE PROGRAM (40 hours)

- Cultural & Linguistics Sensitivity in Early Childhood Care and Education
- Inclusive Education Strategies for Early Childhood Care Teachers
- Digital Tools and Technology Integration in Early Learnings
- Professional Life Skills for Time Management, Organisation and Negotiation
- Leadership and Teamwork in Early Childhood Care Education

- Jolly Phonics and Early Literacy Methods
- Strategic Communication Skills for Professionals
- Basic Practices of Parent and Caregiver Roles in EL
- Non-Verbal Communication and Classroom Management in Early Childhood Care Education
- Resource Development for Teaching and Learning Early Childhood Care and Education
- Play-based Interactive Teaching and Learning in Early Childhood Care and Education
- Understanding Social Emotional Learning (SEL) Strategies in Early Childhood Education
- Basic Computer Skills for Educators

*All programs are provisional until officially endorsed by DHERST.

Declaration and Signature

Are you currently employed? If Yes, specify the company's name and your job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to study in Blended/Online Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using social media? If Yes, please list all the social media platforms you know (e.g., Facebook, Gmail, Zoom, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a transferee from another institution? If Yes, what is the name of the institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have sponsor to pay for your tuition fee? If No, how do you plan to fund your tuition fees and educational expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of the National Capital District? If Yes, what is the suburb?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been disciplined in school? If Yes, specify the reason(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you discontinued from school for academic reasons? If Yes, specify the reason(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of criminal or civil offense(s)? If Yes, specify the nature of the offense(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for admission to any other educational institution? If Yes, specify the institution and the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and understood the questions on this form. I confirm that all provided information is true, accurate, and complete. I understand that any false or incomplete information will be considered a deliberate omission or falsification, leading to the cancellation of my admission/enrolment. If accepted, I agree to abide by the Rules and Regulations of Institute of Early Childhood Care and Education and Waigani Christian College.

SIGNATURE OVER PRINTED NAME

DATE SIGNED:

FOR OFFICE USE ONLY

Applicant Ref. No.	Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred
GPA	
Subjects needing improvement	
SIGNATURE OVER PRINTED NAME EVALUATOR	SIGNATURE OVER PRINTED NAME REGISTRAR
DATE SIGNED	DATE SIGNED
Remarks:	