

APPLICATION FORM



Montfort Boys Town

An Institution of The Titular Superior of The Brothers of St. Gabriel
(Incorporation) Ordinance No. 21 of 1957

Jalan Montfort, 40150 Shah Alam, Selangor D.E., Malaysia

Tel : +603 5519 1735/36 +603-5519 4098/59

Fax : +603 5510 2858 (Main) +603-5510 8692 (TCC)

FB : Montfort Boys Town at Shah Alam

Email: boystown.montfort@gmail.com / boystown@montfort.org.my Website : www.montfort.org.my

Montfort Girls Centre Tel/Fax : 03- 5510 7692

Royal Patron : D.Y.M.M Sultan Negeri Selangor Darul Ehsan

RECENT PHOTO

FOR OFFICE USE ONLY

Date Application Received	Acknowledgement sent on	Date of interview	Interviewer

SECTION A

PERSONAL DETAILS

Name		I/C No		<input type="checkbox"/> Male
		[][][][][][][][] - [][] - [][][][][]		<input type="checkbox"/> Female
Permanent Address		Correspondence Address		
P.Code	Tel	P.Code	Tel	
Date of Birth	Nationality	Race	Religion	
Language Spoken	Written			

SECTION B

EDUCATIONAL BACKGROUND & WORKING EXPERIENCES

Education Level	<input type="checkbox"/> Schooling	<input type="checkbox"/> Not Schooling	Year stopped schooling :
Name of School and Address		Year	Level
		-	
		-	
		-	
Name of Employer and Address (If applicable)		Nature of Work	Period
Sports	Extra-Curricular Activities		

SECTION C

FAMILY BACKGROUND

Names of Children and Other Dependents	Relationship	Age	Marital Status	Occupation	Monthly Income

An incomplete form will not be entertained
Borang yang tidak lengkap, tidak akan dilayan.

FAMILY BACKGROUND

Father

Name	Age	I/C No	
Home Address	House	<input type="checkbox"/> Staff Quarters <input type="checkbox"/> Extended family house <input type="checkbox"/> Owned <input type="checkbox"/> Fishing Village <input type="checkbox"/> Village House <input type="checkbox"/> Squatters <input type="checkbox"/> Terrace House (Single Storey) <input type="checkbox"/> Rented <input type="checkbox"/> Estate <input type="checkbox"/> Terrace House (Double Storey) <input type="checkbox"/> Flats <input type="checkbox"/> Others	
P.Code	Tel		
Name and Address of Employer	Occupation	Income	
P.Code	Tel		
If deceased, state cause of death and year			
If living apart, state reason(s) for doing so and year			

Mother

Name	Age	I/C No	
Home Address	House	<input type="checkbox"/> Staff Quarters <input type="checkbox"/> Extended family house <input type="checkbox"/> Owned <input type="checkbox"/> Fishing Village <input type="checkbox"/> Village House <input type="checkbox"/> Squatters <input type="checkbox"/> Terrace House (Single Storey) <input type="checkbox"/> Rented <input type="checkbox"/> Estate <input type="checkbox"/> Terrace House (Double Storey) <input type="checkbox"/> Flats <input type="checkbox"/> Others	
P.Code	Tel		
Name and Address of Employer	Occupation	Income	
P.Code	Tel		
If deceased, state cause of death and year			
If living apart, state reason(s) for doing so and year			

Legal Guardian (if applicable)

Name	Age	I/C No	
Home Address	House	<input type="checkbox"/> Staff Quarters <input type="checkbox"/> Extended family house <input type="checkbox"/> Owned <input type="checkbox"/> Fishing Village <input type="checkbox"/> Village House <input type="checkbox"/> Squatters <input type="checkbox"/> Terrace House (Single Storey) <input type="checkbox"/> Rented <input type="checkbox"/> Estate <input type="checkbox"/> Terrace House (Double Storey) <input type="checkbox"/> Home <input type="checkbox"/> Flats <input type="checkbox"/> Others	
P.Code	Tel		
Name and Address of Employer	Occupation	Income	
P.Code	Tel		

If parents are self-employed, provide the following particulars

Name and Address of Business	
P.Code	Tel
Nature of Business	
Is the business wholly-owned?	<input type="checkbox"/> Yes
If yes, please attach a copy of the business registration document /SSM Licence (compulsory)	<input type="checkbox"/> No
Period of establishment of business Month/Years
If partnership or joint-venture, state share held by parents/guardian	

Family Expenditure

Type of expenditure	Monthly (RM)
House installments / Rental	
Electricity / Water	
Telephone	
Personal loan	
Loan Repayment (Car/Motorbike/Appliances)	
Transport	
Education	
Insurance	
Food	
Clothing	
Leisure/Entertainment	
Religious/Cultural Celebration	
Medical	
Total	

SECTION D

APPLICANT'S HEALTH CONDITION

Please answer the following questions (tick YES or NO accordingly)		YES	NO
1.	Do you smoke/vape/take alcohol regularly?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever used drugs or sniffed glue?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you suffered from any serious physical illness/disease/allergies (e.g. skin disease, ADHD, Autism, Dyslexia etc)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you suffer from any contagious disease (T.B., Leprosy, V.D., HIV, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you suffering from diabetes/asthma/epilepsy/gastritis?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a physical disability?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you slow in reading or writing?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer is YES, Please give details :			
Please give details of any illness or disability that requires attention :			

SECTION E

APPLICANT'S SOCIAL BACKGROUND

Please answer the following questions (tick YES or NO accordingly)		YES	NO
1.	Have you ever been convicted for any police/criminal offences?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you been expelled/suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are your parents separated or divorced?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you an adopted child?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is one or both your parents/guardians unable to work?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is any member of your family an alcoholic/drug dependent?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer is YES, Please give details :			

SECTION F

REASON(S) FOR APPLICATION

State briefly your reason(s) for applying to join Montfort Boys Town (**compulsory**)

Please confirm your choice of courses:

1.	
2.	
3.	

SECTION G

CHOICE OF COURSES

(FOR BOYS ONLY)

- Mechanical Engineering
- Automotive
- Electrical
- Facilities Maintenance

(FOR BOYS AND GIRLS)

- Bakery & Pastry
- Graphic Design & Multimedia
- Hospitality

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS (COMPULSORY)

- | | |
|---|---|
| <input type="checkbox"/> Identity Card (Applicant and Parents / Guardian) | <input type="checkbox"/> Death Certificate of Father / Mother / Guardian (If applicable) |
| <input type="checkbox"/> Birth Certificate (Applicant and Parents / Guardian) | <input type="checkbox"/> Baptism Certificate / Holy Communion Certificate and Confirmation Certificate for Christian / Catholic (Applicant) |
| <input type="checkbox"/> Applicant's School Leaving Certificate and records of participation in extra-curricular activities (If applicable) | <input type="checkbox"/> Parents / Guardian latest Payslip / BE Form / EA Form |
| <input type="checkbox"/> SPM certificate or result slip / latest school examination results (Applicant) | <input type="checkbox"/> Parents / Guardian SSM Licence / B Form (own business / private company) |
| <input type="checkbox"/> EPF Statement - Monthly detailed (Parents / Guardian) | |

DECLARATION BY APPLICANT

I declare that, to the best of my knowledge, all the information contained in this application form is complete and true. I declare that I am making this application entirely of my own free will and that I am not compelled by my parent(s) or guardian to apply. If my application is successful, I undertake to complete the course assigned to me. I understand that being given this opportunity I shall not withdraw before the completion of my stay and training in Montfort Boys Town without the prior consent of the Director.

Name:

.....

I/C No:

.....

Signature of Applicant:

.....

Date:

.....

DECLARATION BY APPLICANT'S PARENT/GUARDIAN AND STATEMENT OF GENERAL INDEMNITY

I declare that, to the best of my knowledge, all the information contained in this application form is complete and true. I fully approve of my child's/ward's application. If this application is successful, I place my child/ward under the guardianship of the Director and his officers and I delegate to them my authority over him/her. I permit them to discipline him/her and when necessary, to dispense punishment as they shall deem fit.

I also authorise the officers of Montfort Boys Town to make appropriate arrangement for my child/ward to receive dental, medical and surgical treatment as deemed necessary. Where the treatment requires the specific consent of a parent, I authorise the officers of Montfort Boys Town to give consent on my behalf. I shall reimburse all the medical expenses incurred.

Furthermore, I hereby indemnify the Titular Superior of the Brothers of St. Gabriel, Montfort Boys Town, and all their officers and agents, against all claims and damages arising from any injury to body or limb, or loss of life, resulting from any accident involving my child/ward however caused, for the duration of his/her stay and training in Montfort Boys Town.

I am fully aware that Montfort Boys Town is a welfare and vocational training agency affiliated to the Catholic Welfare Services (National Office for Human Development). Its religious orientation is Christian and this is reflected in the tradition, values and lifestyle of the Organisation.

Name of Parent/Guardian:

.....

I/C No:

.....

Signature of Parent/Guardian:

.....

Date:

.....

REFEREES

Give names, addresses and occupations of two (2) referees. (Exclude family members and relatives)
Note that the referees must have known the applicant or family for at least five (5) years.

Name (Mr./Mrs./Ms./Rev.) (Relationship)	Name (Mr./Mrs./Ms./Rev.) (Relationship)
Address	Address
Tel (H) (O)	Tel (H) (O)
Occupation	Occupation
Signature	Signature

Address your application to : **The Director**
Montfort Boys Town
Jalan Montfort,
40150 Shah Alam,
Selangor Darul Ehsan,
West Malaysia.

All sections in the form must be filled

One application per student

For enquiries please call
Tel: 03-55191735 / 55191736
Fax: 03-55102858
E-mail: pcu@montfort.org.my