



**WOOD WORK/TAILORING CENTER FOR ORIENTATION AND  
TRAINING FOR SCHOOL DROP-OUTS, ORPHANS, STREET  
CHILDREN AND DESTITUTES (W. COTSDAD). NGO**

Offers the following services for training; Carpentry, Joinery, Cabinet Making, Tailoring, Building  
Construction, Fishery, Piggery and basic theory

**LOCATION:** Limbe 1 P.O.Box 397 Limbe, South West Region, Cameroon

**Tel:** (+237) 677 86 56 75

**E- mail:** wcotsdadcameroon@yahoo.com

**Facebook:** Wcotsdad Cameroon

**Website:** www.wcotsdad.com

**MOTTO:**

**Restore the Dignity of man**

**APPRENTICESHIP FORM**

Photo

**Instruction:** Mark an ☒ in the correct box.

**Surname:** \_\_\_\_\_ **other names** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **place of birth** \_\_\_\_\_

**Qualification** \_\_\_\_\_ **year** \_\_\_\_\_

**Sex:** Male ☐ Female ☐

**Citizenship** \_\_\_\_\_

**Disability:** Dumb ☐ Lame ☐ Deaf ☐ None ☐

**Orphan:** 1/2 ☐ Full ☐ None ☐

**Destitute:** Street Child ☐ School Drop out ☐

**Health situation:** Good ☐ Poor ☐

**Address of trainee:** \_\_\_\_\_

**Have you acquired any pre-training?** Yes ☐ No ☐

**In which field?** Carpentry ☐ Joinery ☐ Cabinet making ☐ Tailoring ☐  
Piggery ☐ Fishery ☐ Agriculture ☐ Building construction ☐ None ☐

**Select from the above one of the fields you desire to be trained.** \_\_\_\_\_

**Your reason(s) to acquire training (skills)** \_\_\_\_\_

**Do you have a ready accommodation?** Yes ☐ No ☐

**If Yes, with who:** \_\_\_\_\_ **If No, will you be able to rent?** Yes ☐ No ☐

**Address of your residence to stay** \_\_\_\_\_

**GUARDIAN / SPONSOR**

**Surname** \_\_\_\_\_ **other names** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**I,** \_\_\_\_\_ **the under signed trainee attest that the information  
contain herein have been provided objectively.**

**Signature of trainee** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Remark by the Director** \_\_\_\_\_

**Sign:** \_\_\_\_\_

**DIRECTOR**