



TRAINING REGISTRATION FORM

Course Applied:

Instrumentation & Control
 Mechatronics Servicing NC II
 PLC & HMI
 DCS

Date: _____
 Training Date: _____
 Start: leave it blank _____
 End: leave it blank _____

2x2 PICTURE
 (registrar will attached the
 picture during face to face
 schedule)

A. PERSONAL INFORMATION:

FAMILY NAME: [grid]
 NAME: [grid]
 MIDDLE NAME: [grid]
 NAME EXTENSION (e.g. Jr., Sr.): [grid]
 ULI #: [grid]
(ULI-to be filed by the processing officer, only for NC training)

Date of Birth: [m][m][d][d][y][y] Age: [] Blood Type: []

Religion: []

Gender: Male Birthplace: []
 Female

Local Address: []

Hs. No.	Street	Barangay	City/ Municipality	Province	Region
Home Address: []					

Hs. No.	Street	Barangay	City/ Municipality	Province	Region
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Civil Status: Single Married Widow Separated

Contact Info.: Tel. No.: [] Mobile No.: [] E-mail: [] Others: []

In case of emergency: Contact Person: [] Contact Address: [] Contact No: []

NATIONALITY: [] v.18.04.05

B. EDUCATIONAL BACKGROUND

Highest Educational Attainment: High School Graduate School: []
 Vocational Graduate Year Graduated/Last Attended: []
 College Level *(for undergraduate)* Year level: []
 College Graduate *(for college and higher)* Course: []
 Post Graduate

NOTE: Please provide the right document for your educational background. TOR for vocational or College level/graduate or higher and form 137/138 for highschool graduate

C. PAYMENT INFORMATION (To be filed by the processing officer)

CASH Amount Paid: [] Remarks: []
 Balance: [] Personal Company Sponsored Quotation#: []

CHECK Amount Paid: [] Bank Name & Branch: []
 Balance: [] Personal Company Sponsored Quotation#: []

Scholarship: TWSP Voucher#: [] OWWA
 Notice of Award received date: [m][m][d][d][y][y]
 Requirements:
 TOR / School Certification / Form 137
 3 pcs 2x2 picture
 3 pcs passport size
 3 pcs 1x1 picture
 Others: Specify: []

Provisions:
 T-shirt Size Qty Date received: [][][m][m][d][d][y][y]
 Notebook
 Ball pen

Signature: []

REFUND SCHEDULE AND POLICY *(Please read and sign the refund schedule and policy at the back)*

All written details are true.

D. CLASSIFICATION OF CLIENTS

Instructions: Please check (✓) one or more items that is appropriate for you.
Please provide additional details if asked.

OSY (Out of School Youth with age ranging from 15 - 30 years of age.)

Employed

- Self Employed Employer:
- Part Time Employee Address:
- Full Time Employee Year started:
- Casual Employee Position:
- Contractual Employee
- Apprentice/OJT

Unemployed

- Self Employed Previous Employer (if any):
- Part Time Employee Address:
- Full Time Employee Inclusive Year of Service:
- Casual Employee Position:
- Contractual Employee
- Apprentice/OJT

Student (Unfinished schooling with plans to continue.)

PWD (Person w/ Disability)

OFW

- Returning
- Repatriated

Cause of Repatriation:

- Terminated Employees
- Emergency Repatriation (war, epidemic, disasters or natural or man-made, and other similar events)calamities,
- Underage Migrant Worker
- Accident

Victim / Survivor of Human Trafficking

Indigenous People & Cultural Communities

Please specify:

Rebel Returnee

Solo Parent

Please read our refund policy before making any payment to the school.

A student who officially withdraws from the training course may be entitled to a refund (or reduction) of tuition according to the appropriate schedule below. To become eligible for a refund (or reduction of tuition), students must file the appropriate documents. The date on which the student notifies the Registration Office will determine the amount of refund, if any, to be authorized by the registrar.

METROLOGYX TRAINING AND ASSESSMENT CENTER RESERVES THE RIGHT TO CANCEL ANY CLASS. In the event a class is officially cancelled, students will automatically receive a full refund of tuition related to the cancelled section.

Refund of fees paid will be calculated on the following basis:

- 100 percent if the class is cancelled by the Training Center
- 90 percent training fee refund if cancelled 1 week before Program Start Date (PSD)
- No refund if withdrawal is initiated after the fifteenth calendar day of the training period.

Signature:

All written details are true. I have read the refund schedule and policy.