



Affix 2 Passport Photos

# FREETOWN TEACHERS COLLEGE

(Motto: Sincerity in Service)

DISTANCE EDUCATION PROGRAMME  
TEACHERS CERTIFICATE (T.C) Base

## ADMISSION APPLICATION FORM

ACADEMIC YEAR

**Cost of Form Le 250,000**

1. Name of Applicant \_\_\_\_\_  
Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
2. Address: \_\_\_\_\_  
Mobile Number \_\_\_\_\_ Email: \_\_\_\_\_
3. Chiefdom: \_\_\_\_\_ District \_\_\_\_\_
4. Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
5. Sex: Male  Female
6. Religion: Christianity  Islam  Other (Specify) \_\_\_\_\_
7. Marital Status: Married  Single  Divorced  Widowed
8. If married, will your spouse allow you to pursue the course? Yes  No
9. Number of children \_\_\_\_\_
10. Educational background:  
Name of Primary School \_\_\_\_\_  
Name of Secondary School:  
(Junior): \_\_\_\_\_ (Senior) \_\_\_\_\_
11. What class/form did you stop in school: \_\_\_\_\_
12. Which year did you complete or leave school \_\_\_\_\_

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Please pay Form fees to: Freetown Teachers College Account No. 003001109873100116 Sierra Leone Commercial Bank

13. Can you afford to pay for all your College charges for your course? Yes  No

14. If no, in question 13 who will sponsor your course?

Please name your sponsor \_\_\_\_\_

Mobile number \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

### SUBJECTS OFFERED

- I. Language Arts
- II. Mathematics
- III. Environmental Science
- IV. Pre-Vocational Studies (Home Economics & Agriculture)
- V. Practical and Performing Arts
- VI. Physical Health Education
- VII. Social Studies
- VIII. Religious Moral Education
- IX. French
- X. Sierra Leonean Languages (select either Krio or Themne)
- XI. Education
- XII. Community Development Studies (CDS)
- XIII. Emerging Issues (EMI)
- XIV. Nursery Education

OPTIONS FOR FINAL YEAR STUDENTS – (Choose ONE of the Following subjects below)

1. PHYSICAL HEALTH EDUCATION
2. RELIGIOUS MORAL EDUCATION
3. FRENCH

Signature of Applicant \_\_\_\_\_ date \_\_\_\_\_

**TO BE FILLED BY YOUR SPONSOR**

This is to certify that I \_\_\_\_\_ will

Sponsor \_\_\_\_\_ for three years of his/her course.

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Witness; \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

(This is to be completed by the Head of Institution or employer)

Name of Institution or Organization \_\_\_\_\_

Name of person certifying \_\_\_\_\_ position or Rank \_\_\_\_\_

I certified that Mr/Mrs/Miss \_\_\_\_\_  
Has been employed in this educational institution and has been personally known to me for  
a period of \_\_\_\_\_ years and that to the best of my knowledge and belief the  
particulars given in this form are correct.

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ -

For Official Use ONLY

Date application received \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_

Signature of Registrar or his/her designee \_\_\_\_\_

Date \_\_\_\_\_