



TRI - AFRICA

*"Shaping the future"*

Contact us on +256 787753404 / +256 761313034

Email: [techresin@gmail.com](mailto:techresin@gmail.com)

**CAREER GUARDANCE**

**STUDENT'S REGISTRATION/ASSESSMENT FORM**

**STUDENT DETAILS**

<b>NAME :</b>	
<b>SCHOOL :</b>	
<b>Date of Birth:</b>	<b>GENDER :</b>
<b>CLASS :</b>	<b>RELIGION :</b>
<b>SUBJECT COMBINATION:</b> (For Students in A-Level)	

**PARENTS/GUARDIAN'S DETAILS**

<b>FATHER'S NAME :</b>	
<b>OCCUPATION :</b>	
<b>LOCATION :</b>	
<b>CONTACT</b>	
<b>MOTHER'S NAME :</b>	
<b>OCCUPATION :</b>	
<b>LOCATION :</b>	
<b>CONTACT</b>	
<b>GUARDIAN'S NAME :</b>	
<b>OCCUPATION :</b>	
<b>LOCATION :</b>	
<b>CONTACT :</b>	

**CLUB DETAILS**

<b>NAME OF CLUB :</b>
<b>PATRON' NAME</b>
<b>PATRON' CONTACT</b>

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**UNDERSTANDING THE STUDENT**

Likes of the student

Dislikes of the student

<b>TECHNOLOGICAL RESEARCH INITIATIVE - AFRICA</b>	
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Special abilities

Interactions with others

 <p><b>(TRI - AFRICA)</b></p>	
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**DISABILITIES**

Does the Student have any form of disability YES or No

If yes Explain?

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**CAREER DREAMS/VISION**

What is the student's vision/dream to be in future?

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How does the student plan to achieve this dream/vision?

# TECHNOLOGICAL RESEARCH INITIATIVE - AFRICA

What type of courses does the student want to do?  
(Atleast 3)



What challenges is the student facing to achieve these goals



## OFFICIAL USE

Administrator's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_