

# APPLICATION FORM

Complete the form below  
Apprenticeship for Youth in Natural Resources



Ministry of Natural Resources  
96 Duke Street, Georgetown  
+592-231-2510 (Office)  
www.nre.gov.gy.com

## ● Applicant Details

### Write Your Personal Information :

Full Name :   
(PLEASE USE CAPITAL)

Place Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender : ☐ Male ☐ Female

*Include copy of Birth Certificate with this application*

Address & Region : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Occupation : \_\_\_\_\_

School/s attended : \_\_\_\_\_

In 300 words or less, state why you wish to be apart of this program:

\_\_\_\_\_  
Signature Of Applicant

Date:

# APPLICATION FORM

Complete the form below sign up for membership to the big



Ministry of Natural Resources  
96 Duke Street, Georgetown  
+592-231-2510 (Office)  
[www.nre.gov.gy.com](http://www.nre.gov.gy.com)

## ● Permission Slip

### TO BE COMPLETED BY PARENT OR GUARDIAN

I \_\_\_\_\_ hereby allow my child \_\_\_\_\_  
to be an apprentice of the Youths in Natural Resource 2024 program offered  
by the Ministry of Natural Resources.

*In Case of an emergency, I give permission for my child to receive medical treatment.  
Parents or guardians are responsible for their child's vaccination against communicable  
diseases or other.*

Relation to Applicant : \_\_\_\_\_  
Phone Number : \_\_\_\_\_  
E-mail : \_\_\_\_\_

\_\_\_\_\_  
Signature

Date:

## ● Emergency Contact

Name : \_\_\_\_\_  
Phone Number : \_\_\_\_\_  
E-mail : \_\_\_\_\_

## ● Special Instructions

Dietary Restrictions: \_\_\_\_\_

Allergies/Ailments: \_\_\_\_\_