

Instructions

1. Please ensure that your birth certificate and a recent passport size photo are submitted together with this form.
2. Note that the declaration section of this form should be signed in the presence of an authorised NEC officer.

A. PERSONAL DETAILS

1. Name (in Birth Cert.)	LASTNAME	MIDDLE NAME(S)	FIRST NAME	5. Photo Attach recent passport size photo here. (Write your name in full at the back.)	
2. Date of Birth	Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
3. Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male				
4. Mother's Name					
6. Place of Origin	VILLAGE/SETTLEMENT	DISTRICT	PROVINCE		DIVISION
7. Residence	PRIMARY ADDRESS	DISTRICT	PROVINCE		DIVISION
	SECONDARY ADDRESS	DISTRICT	PROVINCE		DIVISION
8. Contact	PRIMARY PHONE	SECONDARY PHONE	MOBILE PHONE		EMAIL
9. Emergency	NAME	RELATIONSHIP	PHONE		MOBILE
10. Postal Address					
11. Language	<input type="checkbox"/> English <input type="checkbox"/> Fijian <input type="checkbox"/> Hindi <input type="checkbox"/> Others <small>IF OTHERS, PLEASE SPECIFY</small>				
12. Disability	<input type="checkbox"/> None <input type="checkbox"/> Illiterate(English) <input type="checkbox"/> Blind <input type="checkbox"/> Physically Disable <input type="checkbox"/> Mental <input type="checkbox"/> Deaf <input type="checkbox"/> Others, please specify _____				
13. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/> Others <small>IF OTHERS, PLEASE SPECIFY</small>				
14. Dependant(s)	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More <small>IF MORE, PLEASE SPECIFY</small>				
15. Living with?	<input type="checkbox"/> Parents <input type="checkbox"/> Relatives <input type="checkbox"/> Friends <input type="checkbox"/> Grandparents <input type="checkbox"/> Alone <input type="checkbox"/> Partner <input type="checkbox"/> Children <input type="checkbox"/> Orphanage <input type="checkbox"/> Others-please specify _____				
16. Citizenship	<input type="checkbox"/> Fiji <input type="checkbox"/> Others <small>IF OTHERS, PLEASE SPECIFY</small>		17. Literacy (English)	<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	
18. Drivers Licence	<input type="checkbox"/> No <input type="checkbox"/> Yes <small>IF YES, PLEASE SPECIFY CLASS</small>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	LICENCE NUMBER	EXPIRY DATE	
19. Bank Details	<input type="checkbox"/> ANZ <input type="checkbox"/> Baroda <input type="checkbox"/> BSP <input type="checkbox"/> Westpac <input type="checkbox"/> Others <small>IF OTHERS, PLEASE SPECIFY</small>	ACCOUNT NUMBER			
20. FNPF Number	21. Tax Identification Number				
22. Passport	<input type="checkbox"/> No <input type="checkbox"/> Yes <small>IF NOT FIJI PASSPORT, PLEASE SPECIFY COUNTRY</small>	PASSPORT NUMBER	EXPIRY DATE	VISA STATUS (FOR NON-CITIZENS)	
23. Religion	<input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Islam <input type="checkbox"/> Others <small>IF OTHERS, PLEASE SPECIFY</small>	NAME OF DENOMINATION IF APPLICABLE			
24. Employment	<input type="checkbox"/> Unemployed <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Reliever <input type="checkbox"/> Small business <input type="checkbox"/> Volunteer <input type="checkbox"/> Attachee <input type="checkbox"/> Retiree <input type="checkbox"/> Subsistence farmer <input type="checkbox"/> Others <small>IF OTHERS, PLEASE SPECIFY</small>				

B. EDUCATIONAL QUALIFICATIONS

25. Highest level of education attained (Tick one only):	<input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary		
26. Primary and Secondary School Qualification(s)			
Certificates Attained	Result (Marks)	Year	School
<input type="checkbox"/> Fiji Intermediate Examination Certificate			
<input type="checkbox"/> Fiji Eighth Year Examination Certificate			
<input type="checkbox"/> Fiji Junior Certificate			
<input type="checkbox"/> Fiji School Leaving Certificate			
<input type="checkbox"/> Fiji Seventh Form Examination Certificate			

27. Tertiary Qualification(s)

Qualification	Year Attained	Major Field of Study	GPA	Institution/University

C. EMPLOYMENT EXPERIENCES

28. Volunteer Experience

Project	Year	Start Date	End Date	Remarks

29. Work Experience(s)

Occupation (Ref: ISCO-08)	Reason for leaving	Start Date	End Date	Employer

30. Are you a retiree?

☐ NO ☐ YES – Please state your previous occupation(s) in reverse chronological order upon retirement:

Occupation	Employer	Organisation Type	Start Date	End Date

D. EXISTING EMPLOYMENT SKILLS

31. Employment skills already acquired (Please tick all that apply)

<input type="checkbox"/> Accounting & Finance ¹	<input type="checkbox"/> Arts & Craft ²	<input type="checkbox"/> Automotive (Heavy) ³	<input type="checkbox"/> Automotive (Integrated) ⁴
<input type="checkbox"/> Automotive (Light) ⁵	<input type="checkbox"/> Carpentry ⁶	<input type="checkbox"/> Communication ⁷	<input type="checkbox"/> Consumer Electronics ⁸
<input type="checkbox"/> Electronics (Automotive) ⁹	<input type="checkbox"/> Electrical Engineering ¹⁰	<input type="checkbox"/> Engine Service & Repairs ¹¹	<input type="checkbox"/> Farming ¹²
<input type="checkbox"/> Graphics Design ¹³	<input type="checkbox"/> Information Technology ¹⁴	<input type="checkbox"/> Joinery ¹⁵	<input type="checkbox"/> Management ¹⁶
<input type="checkbox"/> Manufacturing ¹⁷	<input type="checkbox"/> Maritime ¹⁸	<input type="checkbox"/> Driving/Machine Operator ¹⁹	<input type="checkbox"/> Office Administration ²⁰
<input type="checkbox"/> Painting ²¹	<input type="checkbox"/> Panel Beating ²²	<input type="checkbox"/> Plumbing ²³	<input type="checkbox"/> Refrigeration & A/C ²⁴
<input type="checkbox"/> Spray painting ²⁵	<input type="checkbox"/> Security ²⁶	<input type="checkbox"/> Tour Guide ²⁷	<input type="checkbox"/> Tourism ²⁸
<input type="checkbox"/> Welding and Fabrication ²⁹	<input type="checkbox"/> Wet Trades ³⁰	<input type="checkbox"/> Others ³¹	IF OTHERS, PLEASE SPECIFY

E. LAND ACCESS AND OWNERSHIP (For landowners and leasees only)

32. State the area of land (acres) that you own:

☐ None ☐ <1 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26-30 ☐ 31-50 ☐ 50+

33. Profile of used land:

☐ Hill ☐ Valley ☐ Flat ☐ Others – please specify _____

34. Type of existing farm:

☐ Vegetables ☐ Fruits ☐ Root crops ☐ Livestock ☐ Poultry ☐ Coconut ☐ Sugarcane
☐ Plant Nursery ☐ Aquaculture ☐ Dairy ☐ Rice ☐ Hardwood ☐ Intercropping ☐ Vanilla
☐ Beekeeping (Apiary) ☐ Cocoa ☐ Banana ☐ Others – please specify _____

35. Profile of unused land:

☐ Hill ☐ Valley ☐ Flat ☐ Swamp ☐ Forest ☐ Others – please specify _____

36. What type of land do you own?

☐ Communal ☐ Freehold ☐ Government Leasehold ☐ Native Leasehold ☐ Others – please specify _____

37. What do you need the most to cultivate and improve production on your land (tick one only):

☐ Land tools ☐ Seed Incubator ☐ Technology ☐ Market ☐ Others – please specify _____

38. Special land features:

☐ Beach ☐ River ☐ Waterfall ☐ Historical site ☐ Heritage site ☐ Others - please specify _____

39. What crops or plants are in demand near your land?

☐ Root crops ☐ Vegetables ☐ Fruits ☐ Flowers ☐ Others - please specify _____

40. Land accessibility:

☐ Road ☐ Water ☐ Track ☐ Inaccessible – please specify the reason(s): _____

F. NEW EMPLOYMENT SKILLS

41. New employment skills *intending to acquire* (Please tick all that apply)

<input type="checkbox"/> Accounting & Finance ¹	<input type="checkbox"/> Arts & Craft ²	<input type="checkbox"/> Automotive (Heavy) ³	<input type="checkbox"/> Automotive (Integrated) ⁴
<input type="checkbox"/> Automotive (Light) ⁵	<input type="checkbox"/> Carpentry ⁶	<input type="checkbox"/> Communication ⁷	<input type="checkbox"/> Consumer Electronics ⁸
<input type="checkbox"/> Electronics (Automotive) ⁹	<input type="checkbox"/> Electrical Engineering ¹⁰	<input type="checkbox"/> Engine Service & Repairs ¹¹	<input type="checkbox"/> Farming ¹²
<input type="checkbox"/> Graphics Design ¹³	<input type="checkbox"/> Information Technology ¹⁴	<input type="checkbox"/> Joinery ¹⁵	<input type="checkbox"/> Management ¹⁶
<input type="checkbox"/> Manufacturing ¹⁷	<input type="checkbox"/> Maritime ¹⁸	<input type="checkbox"/> Motor Vehicle Machine ¹⁹	<input type="checkbox"/> Office Administration ²⁰
<input type="checkbox"/> Painting ²¹	<input type="checkbox"/> Panel Beating ²²	<input type="checkbox"/> Plumbing ²³	<input type="checkbox"/> Refrigeration & A/C ²⁴
<input type="checkbox"/> Spray painting ²⁵	<input type="checkbox"/> Security ²⁶	<input type="checkbox"/> Tour Guide ²⁷	<input type="checkbox"/> Tourism ²⁸
<input type="checkbox"/> Welding and Fabrication ²⁹	<input type="checkbox"/> Wet Trades ³⁰	<input type="checkbox"/> Others ³¹	IF OTHERS, PLEASE SPECIFY _____

G. EMPLOYMENT INTERESTS

42. Rank your employment interest preference (1-4)

(1 for 1st preference and 4 for last preference)

EMPLOYMENT CREATION SERVICES

☐ Find a local job (FES) ☐ Find a job overseas (FORES)
☐ Find volunteer work (FVS) ☐ Start your own business (SES)

43. Please indicate the industry code of your first preference of employment interest

<input type="checkbox"/> Agriculture, Forestry & Fishing ^(A)	<input type="checkbox"/> Mining & Quarrying ^(B)
<input type="checkbox"/> Manufacturing ^(C)	<input type="checkbox"/> Electricity, Gas, Steam & A/C Supply ^(D)
<input type="checkbox"/> Water Supply; Sewerage, Waste Management & Remediation Activities ^(E)	<input type="checkbox"/> Construction ^(F)
<input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles and Motor Cycles ^(G)	<input type="checkbox"/> Transportation & Storage ^(H)
<input type="checkbox"/> Accommodation & Food Service Activities ^(I)	<input type="checkbox"/> Information & Communication ^(J)
<input type="checkbox"/> Financial & Insurance Activities ^(K)	<input type="checkbox"/> Real Estate Activities ^(L)
<input type="checkbox"/> Professional, Scientific & Technical Activities ^(M)	<input type="checkbox"/> Administrative & Support Service Activities ^(N)
<input type="checkbox"/> Public Administration & Defence; Compulsory Social Security ^(O)	<input type="checkbox"/> Education ^(P)
<input type="checkbox"/> Human Health & Social Work Activities ^(Q)	<input type="checkbox"/> Arts, Entertainment & Recreation ^(R)
<input type="checkbox"/> Other Service Activities ^(S)	<input type="checkbox"/> Activities of Households as Employers; Undifferentiated Goods - & Services-Producing Activities of Household for Own Use ^(T)
<input type="checkbox"/> Activities of Extraterritorial Organisations and Bodies ^(U)	

PLEASE DESCRIBE INDUSTRY OR ECONOMIC ACTIVITY IF NOT SURE

44. If your first preference is Self Employment Service (SES), what type of small business are you pursuing?

45. Have you received any funding assistance from any Government Ministry or donor agency within the last 5 years?

☐ No ☐ Yes – please specify the purpose and how the funds were utilised

H. DECLARATION

☐ I hereby declare that the above information is accurate to the best of my knowledge.

Date Month Year

Signature of client _____

CUSTOMER FEEDBACK – REGISTRATION (CF1)

Note: The following questions are designed to obtain your views about the way we deliver services so that we can continue to improve the quality of our services to you and the other members of the general public.

46. How would you rate the NEC registration that you've just attended?

☐ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Poor ☐ Don't know

47. Would you recommend NEC to your friends and relatives? (Please explain why)

☐ Yes ☐ Maybe ☐ Not sure ☐ Only if I get a job through NEC ☐ No

48. Please select the component(s) of the NEC registration process that needs the most attention and briefly describe how it can be improved.

☐ Instruction ☐ Registration Venue ☐ NEC Staff ☐ Timeliness ☐ Administration ☐ Sanitation Facilities

49. Have you been able to learn something new about the NEC during the registration? (If yes, please explain)

☐ Yes ☐ No

THANK YOU

FOR OFFICE USE ONLY

Registration Details

50. NEC Number

51. Registration Date

Date Month Year

52. Registration Centre

53. NEC Officer

54. Identification Card issued

☐ No ☐ Yes – Card Number _____

Data Verification

55. Verified By

56. Verification Date

Date Month Year

Authorisation

57. NEC Manager

58. Authorisation Date

Date Month Year