



# MAGYK MEDIA SCHOOL

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## APPLICATION FORM

ACADEMIC YEAR:.....

NAME:.....  
(Surname) (First Name) (Other Names)

SEX:..... DATE OF BIRTH:..... NATIONALITY:.....

CONTACT NUMBERS:.....

EMAIL ADDRESS:.....

PRESENT OCCUPATION:.....

NUMBER OF YEARS OF WORKING EXPERIENCE:.....

LAST SCHOOL ATTENDED WITH DATE:.....

HIGHEST ACADEMIC/PROFESSIONAL QUALIFICATION:.....

COURSE BEING APPLIED .....

### DIPLOMA COURSES

- NEWS COVERAGE AND REPORTING
- MASS MEDIA STUDIES
- MEDIA LAW AND ETHICS
- MEDIA PRODUCTION
- COMMUNICATION SKILLS
- ONE MONTH ATTACHMENT
- RADIO AND TV PRODUCTION
- DISC JOCKEY (DJ) SKILLS
- BLOGGING
- PRESENTATION SKILLS, TV AND RADIO
- MARKETING AND ADVERTISING

### CERTIFICATE COURSES

- DIGITAL MARKETING
- ONLINE RADIO AND TV BROADCASTING

NAME AND ADDRESS OF PARENT/GUARDIAN/SPONSOR:.....

CONTACT No(s) OF PARENT/GUARDIAN/SPONSOR:.....

Language Proficiency

- My first language is English
- Another language Please specify.....

You must provide the names and addresses of two referees.

**1<sup>st</sup> Referee** \_\_\_\_\_  
(Name)

Relation \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

**2<sup>nd</sup> Referee** \_\_\_\_\_  
(Name)

Relation \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED:..... OFFICER:.....

For further details contact the Registry on **0249170730 / 0556437746**  
Website: **www.magykradionline.com** Email: **info@gmagykradionline.com**  
Course Fee and Registration must be paid at Magyk Radio Premises.

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SCHOOL**