feba
Communication Trust
PCP Certified Non-Profit Media Organization

DIGITAL MEDIA TRAINING
INERNSHIP PROGRAM
Phase II - Application Form
FEBA Communication Trust Pakistan

Recent
Passport-size
Photograph

Batch No.		**Application No.**	

Please complete all applicable fields clearly. Incomplete applications or missing required documents may delay assessment.

A. PERSONAL INFORMATION

Full Name		**Father / Guardian Name**	
CNIC		**Date of Birth**	
Mobile No.		**Email Address**	
City / District		**Domicile District**	
Residential Address			

B. ACADEMIC QUALIFICATIONS

Qualification	Institute	Board / University	Year	Major / Discipline	Grade / CGPA
Matric					
Intermediate					
Graduation					
Masters					
Other					

C. PROFESSIONAL PROFILE & TRAINING INTEREST

Current Status	☐ Student ☐ Business ☐ Employed ☐ Self-employed ☐ Other

Preferred Training Area(s)	**Digital Media Production** ☐ Audio Recording, Editing & Program Production ☐ Video Recording & Editing ☐ Social Media Content Production (Long & Short Format) **Content Development & Communication** ☐ Script Writing & Content Development for Audio/Video **Additional Skills / Areas of Interest** ☐ Content Research & Planning ☐ Digital Publishing & Platform Management ☐AI supported content **Audience Engagement & Relationship Building** **Any other**
Skills, if any	
Relevant Internship / Work / Volunteer Experience	Organization, role, duration: _____ _____ _____
Career Objective	What do you want to learn or achieve through this media internship program? _____ _____
Availability / Field Assignments	☐ Full-time ☐ Part-time Travel: ☐ Yes ☐ No ☐ Subject to prior notice

D. EMERGENCY CONTACT

Name		**Relationship**	
Contact No.			

E. CHURCH DETAILS

Name of Church		**Denomination**	
Pastor Name		**Contact No.**	

F. REFERENCES (Provide reference details who are not your relatives)

#	Name	Relationship	Contact No.	Email (optional)
1				
2				

H. APPLICANT UNDERTAKING & CONSENT

Please read carefully before signing.

1. I confirm that the information and documents provided in this application are true and complete to the best of my knowledge. FCTP may cancel my application or training if any material information is found to be false, forged, or misleading.

2. I understand that selection in the Digital Media Internship Program Phase-Ⅱ is subject to eligibility, assessment, available seats, and management approval. Participation in the program does not create a guarantee or entitlement to employment.

3. I agree to follow FCTP policies, attendance requirements, professional conduct standards, training assignments, safeguarding requirements, and reasonable administrative instructions during the program.

4. I understand that the training certificate will be issued only after successful completion of the required training period, attendance, assignments, and performance requirements.

5. I understand that some training activities may include field assignments, travel, recording/follow-up work, or occasional extended hours, where program needs.

6. I consent to FCTP collecting and using the personal information in this form for application review, selection, training administration, communication, safeguarding, and record-keeping purposes.

Applicant Name			
Signature		**Date**	

I. PARENT / GUARDIAN CONSENT

I, _____, parent/guardian of the applicant, consent to their participation in the Digital Media Training Program and confirm that I have reviewed the program requirements.

Parent / Guardian Name		**Relationship**	
Contact No.		**Signature & Date**	

☐ Recent passport-size photograph	☐ Domicile copy (if required)
☐ Updated Resume	☐ Professional certificate(s), if any
☐ Church Membership Letter	☐ Any other document requested by FCTP

J. PROGRAM RULES / SOPs - ACKNOWLEDGEMENT

1. Attendance and punctuality are required. Leave or short leave must be approved in advance except in emergencies.

2. Professional, respectful, and ethical conduct is required. Harassment, discrimination, violence, bullying, or misuse of confidential information will not be tolerated.

3. Participation in scheduled morning devotion is part of the program routine.

4. Personal mobile-phone use should be limited during training sessions and working activities, except for authorized work.

5. Guests or outsiders may not enter training/work areas without prior permission.

6. Field assignments, travel, recording/follow-up work, or occasional extended hours may be required depending on program needs.

7. Any stipend, if applicable, is subject to program policy, attendance, conduct, and approved deductions where relevant.

Applicant Signature		**Date**	

FOR OFFICE USE ONLY

To be completed by authorized FCTP staff.

Application Received		**Application No.**	

Eligibility Check		**Documents Complete**	
Interview / Assessment Date		**Assessment Score**	
Training Start Date		**Batch No.**	
Stipend Status (if applicable)		**Program Duration**	
Verified by (Name)		**Designation**	
Signature		**Date**	
Decision		☐ Selected ☐ Waitlisted ☐ Not Selected ☐ Further Review	
Assigned Training Area / Department			
Staff Remarks			

DOCUMENT VERIFICATION

Document	Received	Verified	Remarks
CNIC	☐	☐	
Academic record	☐	☐	
Recent photograph	☐	☐	
Domicile (if required)	☐	☐	
CV / Resume	☐	☐	
Church Membership / Recommendation Letter	☐	☐	