



# School of Continuing Education

## (2010-2011) Application Form

Complete this form if you are applying for CXC Classes, Foundation Access Courses or Skills Training Courses

**Applicant Information: PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender  Male  Female  
Month Day Year

Address: \_\_\_\_\_ Parish \_\_\_\_\_

Centre: T.A.M.C.C (St. Georges)  Grenville Secondary (Grenville)  St. Patrick's

Home Telephone number \_\_\_\_\_ Cellular \_\_\_\_\_

Email Address (if any) \_\_\_\_\_

Who should we call in an emergency \_\_\_\_\_  
Name Phone Number

How is this person related to you? \_\_\_\_\_  
Relationship

**CXC COURSES** (\$300/course): Please indicate the course(s) you would like to take.

- |   |   |  |
|---|---|--|
| Agricultural Science <input type="checkbox"/> | English B <input type="checkbox"/>              | Spanish <input type="checkbox"/>               |
| Biology <input type="checkbox"/>              | French <input type="checkbox"/>                 | Principle of Accounts <input type="checkbox"/> |
| Caribbean History <input type="checkbox"/>    | Geography <input type="checkbox"/>              | Foundation English <input type="checkbox"/>    |
| Chemistry <input type="checkbox"/>            | Human Social Biology <input type="checkbox"/>   |  |
| Economics <input type="checkbox"/>            | Mathematics <input type="checkbox"/>            |  |
| Electrical Documents <input type="checkbox"/> | Principles of Business <input type="checkbox"/> |  |
| English A <input type="checkbox"/>            | Social Studies <input type="checkbox"/>         |  |

\*\*\*\*\* Note that all courses are offered based on public demand. You will be contacted when the course is ready to begin.

**SKILLS TRAINING COURSES** Please indicate the course you would like to take.

Architectural Drawing <input type="checkbox"/>	Electrical Wireman's Readiness* <input type="checkbox"/>	
Automotive Know Your Car <input type="checkbox"/>	Food & Beverage Services <input type="checkbox"/>	
Computer Repair <input type="checkbox"/>	Plumbing <input type="checkbox"/>	
Electrical Installation <input type="checkbox"/>	Microsoft Office (Word, Excel & Access) <input type="checkbox"/>	
Braiding and Weaving <input type="checkbox"/>	Refrigeration and A/C <input type="checkbox"/>	
<b>COURSE REQUEST(S)</b> <input type="checkbox"/>	_____	

\* Indicates that course requires prior knowledge.

## **Educational Background**

Please state if you have attended any school recently.

Name of School	Type (Primary, Secondary, Tertiary)	Last Grade Attended	Date Started and Ended	Type of Award Granted

## **Qualifications**

Formal qualifications (Please list all the qualifications you have obtained, including any vocational training received)

Subject or Skill	Qualification or Award Type	Grade Obtained	Date Awarded	Examination Body (e.g. CXC, City & Guild)

## **Employment/Experience**

Are you currently working? Yes No If No, have you ever been employed? Yes No

Do you have experience in the course you are applying to do? Yes No

Do you have experience in any skill area other than the one(s) stated above (course choice)? Yes No

If yes, please specify \_\_\_\_\_

I understand that the personal data collected will be kept confidentially in accordance with the college's/ministry's policies. I hereby consent to being contacted concerning career-related matters, including the collection of first destination information after program completion. I certify that all the information submitted on this form is factually true and honestly presented. I understand that I may be subject to admission revocation should the information I've certified be false.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY ID #** \_\_\_\_\_

Notes:

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**Please ensure that the relevant person has signed the form BEFORE submission.**

\_\_\_\_\_  
Admissions Officer Date

\_\_\_\_\_  
Dean's/Chair's Signature Date

