



MINISTRY OF EDUCATION

KINGSTON

CAREER ADVANCEMENT PROGRAMME (CAP) APPLICATION FORM



IN COLLABORATION WITH APPRENTICESHIP PROGRAMME
Institute of International
Recognized Qualifications (IIRQ)

INSTRUCTIONS

- 1. Applicants must be between the Ages 16- 19
2. You are asked to complete this form based on your own ideas, personal opinion or preferences, not on the basis of what you may have heard from anyone else.
3. All application forms MUST be returned to a participating School for processing.
4. This application form MUST be completed in BLOCK CAPITALS
5. This application form will not be accepted without the attachment of the following documents
- Two (2) Certified Passport Size Photographs should accompany this form.
- Copy of Birth Certificate (the white hand written versions are not accepted)
- CSEC or CAPE results (if applicable)
- Copy of TRN
- 2 Written Recommendation letters from any two (2) of the following persons; JP, Minister of Religion, Lawyer, Principal, Doctor or Superintendent of Police, past or present employer.
- LAST SCHOOL REPORT.

SECTION A: PERSONAL DATA

Mr [] Ms. [] Mrs []

LAST NAME:FIRST NAME:.....

MIDDLE NAME: DATE OF BIRTH: (DD/MM/YYYY)

HOME ADDRESS:

CONTACT NUMBER: (DIGICEL).....(LIME).....

EMAIL.....TRN #:.....

SECTION B: EMERGENCY CONTACT INFORMATION (Parent/ Guardian) - Please indicate information for an emergency contact

Mr [] Ms. [] Mrs [] LAST NAME:.....FIRST NAME:.....

RELATIONSHIP TO APPLICANT ADDRESS.....

CONTACT #..... EMAIL:

SECTION C: WRITE, IN ORDER OF PREFERENCE, THE TOP THREE CAREERS OR JOBS OF YOUR CHOICE:

- i.
ii.
iii.

SECTION D: IN ORDER OF PREFERENCE, SELECT THE TOP THREE COURSE

FIRST CHOICE

- Motor Vehicle Engineering
Computer Maintenance
Business Skills
Nursing Assistant
Medical Office Administrative Assistant
Construction
Food Preparation
Engineering
ECG (Electrocardiogram)
Phlebotomy
Security

Other _____

SECOND CHOICE

- Motor Vehicle Engineering
Computer Maintenance
Business Skills
Nursing Assistant
Medical Office Administrative Assistant
Construction
Food Preparation
Engineering
ECG (Electrocardiogram)
Phlebotomy
Security

Other _____

THIRD CHOICE

- Motor Vehicle Engineering
Computer Maintenance
Business Skills
Nursing Assistant
Medical Office Administrative Assistant
Construction
Food Preparation
Engineering
ECG (Electrocardiogram)
Phlebotomy
Security

Other _____

List the certificates; or, examinations pending and experiences you already have; as well as those you have pending.

<u>Subject I already have:</u> (CXC, CAPE, CERTIFICATE etc)	<u>Subject I have pending:</u>	<u>Work experience I have:</u>

All subject with grades achieved and/or other qualification listen above as 'already have' physical copies must be attached

Complete the following table to describe your level of schooling, or education or achievement, or training:

Institution name	From (mm/yyyy)	To (mm/yyyy)	Type of programme (eg. CXC, CAPE, Cert, Dip, Degree)
	__ / __	__ / __	
	__ / __	__ / __	
	__ / __	__ / __	

- How will you be supported while you are in this two-year Senior School ("CAP") Programme?
.....
.....
- Write one or two questions you have about this programme:
.....
.....

Do you have any **MEDICAL CHALLENGES** _____ Yes _____ No

If yes, please specify
.....

I declare that the information given in this application form is true and complete to the best of my knowledge and belief.

Students Signature: _____ **Date:** ____ / ____ / ____ (DD / MM / YYYY)

For Office Use Only	
Diagnostic Evaluation Completed:	
<i>Diagnostic Test Evaluation:</i> Yes _____ No _____	<i>Interest Inventory Mapping:</i> Yes _____ No _____
<i>Diagnostic Evaluation Score: Math:</i> _____	<i>Eng.:</i> _____ <i>Aptitude:</i> _____ <i>Average:</i> _____
<i>Student Placed:</i> Yes _____ No _____	<i>Opportunity Placement:</i> _____
Programme Recommended: _____	
School Student is placed: _____	
Registration Completed: Yes _____ No _____	Orientation Completed: Yes _____ No _____
Comments: _____ _____	
Processed by: _____ Signature: _____ Date: _____	
(Print Name)	
Approved by: _____ Signature: _____ Date: _____	
(Print Name)	