



MINISTRY OF EDUCATION

**CAREER ADVANCEMENT PROGRAMME (CAP)
APPLICATION FORM**



IN COLLABORATION WITH **IIRQ** THE CAREER & TECHNICAL COLLEGE
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, original copy must also be presented)
 - One- two (1-2) CSEC or CAPE results, if available.
 - 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

- International Tourism
- Business Skills
- Medical Office Administrative Assistant (1st Year)
- Engineering

SECOND CHOICE

- International Tourism
- Business Skills
- Medical Office Administrative Assistant (1st Year)
- Engineering

THIRD CHOICE

- International Tourism
- Business Skills
- Medical Office Administrative Assistant (1st Year)
- Engineering

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)
	__ / __	__ / __	
	__ / __	__ / __	
	__ / __	__ / __	

1. How will you be supported while you are in this two-year Senior School ("CAP") Programme?

2. 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 Test Evaluation: Yes _____ No _____ *Interest Inventory Mapping:* Yes _____ No _____

Diagnostic Evaluation Score: Math: _____ *Eng.:* _____ *Average:* _____

Student Placed: Yes _____ No _____ *Opportunity Placement:* _____

Programme Recommended: _____

Registration Completed: Yes _____ No _____ **Orientation Completed:** Yes _____ No _____

Comments:

Processed by: _____ **Signature:** _____ **Date:** _____
 (Print Name)

Approved by: _____ **Signature:** _____ **Date:** _____
 (Print Name)