

[] KINGSTON
[] MONTEGO BAY

UNDER NO CIRCUMSTANCES IS THE REGISTRATION FEE REFUNDABLE



The Technical & Career College (TCC)

KINGSTON CAMPUS:
(On the Liberty Academy site)
32 Hope Road,
Kingston 10, Jamaica
Telephone: (876) 630-1084 (Landline)/ 396- 77225 (Cell)
Email: support@iirq.org

MONTEGO BAY CAMPUS:
Shop # 13 Overton Plaza
49 Union Street Montego Bay,
St. James.
Telephone: (876) 288-6577 (Cell)/ 630-0385 (Landline)
Email: saa.mb@iirq.org

PLEASE CHECK WITH OUR CENTER IN YOUR REGION TO FIND OUT WHICH COURSES FROM THE LISTING ARE OFFERED THERE

PRIVATE STUDENT'S APPLICATION FORM
(THIS FORM IS FOR AGE GROUPS: 20 & ABOVE)

The following documents must accompany this form:

- Two (2) **certified** passport size photographs.
- A copy of a **VALID ID** (eg. DL, National ID, Passport)
- Copies of all supporting documents (eg. CXC, Diploma, Degree)

- A **NON- REFUNDABLE** registration fee of JA\$ 3,000.00
- Letter from current/ former employer/ any notary of the public.

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CANDIDATE'S ENROLLMENT #							
CANDIDATE'S START DATE				CANDIDATE'S END DATE			

Instructions: Answer all sections in **BLOCK LETTERS** with black or blue ink pen.

SECTION A: PERSONAL DATA

1. Last Name	2. First Name	3. Middle Name
4. Maiden Name	5. D.O.B (dd/mm/yyyy)	6. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
7. Marital Status	8. Nationality	9. Email Address:
	TRN #	
10. Home Number	Mobile Number	Phone Number
11. Mailing Address		
Permanent Address (If different from mailing)		

Do You Have Any Physical Disabilities? [] Yes [] No If yes, Please specify _____

Instructions: Please place a tick in the box beside the most suitable answer/ s for you.

SECTION B: AWARD & PROGRAMME
Please select your preferred course of choice.

<p>AWARD LEVEL:</p> <input type="checkbox"/> Skills Proficiency <input type="checkbox"/> Certificate Level 1 <input type="checkbox"/> Certificate Level 2 <input type="checkbox"/> Certificate Level 3 <input type="checkbox"/> Diploma Level 1 <input type="checkbox"/> Diploma Level 2 <input type="checkbox"/> Diploma Level 3 <input type="checkbox"/> Advance Diploma <input type="checkbox"/> Other Level _____	<p>PROGRAMME:</p> <input type="checkbox"/> Food Prep. & Culinary Arts <input type="checkbox"/> Computer Maintenance <input type="checkbox"/> Business Skills <input type="checkbox"/> Electrical & Electronics Engineering <input type="checkbox"/> Maintenance Technology Engineering <input type="checkbox"/> Medical Administrative Office Assist. <input type="checkbox"/> Teaching, Training & Assessing Learning <input type="checkbox"/> Nursing Assistant <input type="checkbox"/> Plumbing <input type="checkbox"/> Healthcare <input type="checkbox"/> Office Procedures <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Food & Beverage Skills <input type="checkbox"/> Electrocardiogram (ECG) <input type="checkbox"/> Other _____	<p>PREFERRED STUDY OPTION:</p> <input type="checkbox"/> Customer Service <input type="checkbox"/> Motor Vehicle Eng. <input type="checkbox"/> Housekeeping <input type="checkbox"/> Construction <input type="checkbox"/> Mathematics <input type="checkbox"/> English <input type="checkbox"/> I.T for Office Skills <input type="checkbox"/> Electrical Installation <input type="checkbox"/> Welding <input type="checkbox"/> Business Skills <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Refrigeration & Air Conditioner <input type="checkbox"/> Examination Only <input type="checkbox"/> Assessment Only <input type="checkbox"/> Classes <input type="checkbox"/> Other (Please state) _____ _____ _____
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Please list educational Institutions attended along with any other programmes/ courses you have taken, beginning with the most recent.

SECTION C: ACADEMIC RECORD

Institution Name	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (eg, Cert, Diploma, etc..)	Major Area of Study	Class Award/GPA

CXC/ CSEC/ CAPE				
Examination Body	Level	Subject/s	Grade	Date Awarded

SECTION D: EMPLOYMENT INFORMATION

Please indicate your current employment status and information

1. Are you currently employed? [] Yes [] No 2. Are you self-employed? [] Yes [] No

Name of Business:	Address:
Telephone:	
Position:	
Period (dd/mm/yyyy)	

SECTION E: EMERGENCY CONTACT INFORMATION

Please indicate your contact person in the event of an emergency.

Title: Mr. / Mrs. / Ms.	Last Name:	First Name:
Relationship to Applicant:	Address:	Telephone:

SECTION F: DECLARATION

I hereby certify that I have read and understood the instructions and information necessary for completing this application and that all statements made are true and complete. I understand that otherwise my admission or registration to the programme / examination / institution may be revoked. I also understand that I am required to pay all fees before registration unless a current bilateral institutional arrangement makes this unnecessary. I also understand that my registration fee is NON- REFUNDABLE. PLEASE NOTE THAT ALL OUSTANDING BALANCES MUST BE SETTLED BEFORE STUDENTS CAN SIT FINAL EXAMS.

Signature of Applicant: _____

_____ (dd/mm/yyyy)

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Items discussed during the interview: <input type="checkbox"/> Career goal/ aim (specify) <input type="checkbox"/> Commitment <input type="checkbox"/> If course is appropriate <input type="checkbox"/> Time (hours of study/ class time schedule)	<input type="checkbox"/> Application Fee <input type="checkbox"/> 2 Passport size photos <input type="checkbox"/> Transcript/ Certificate/s <input type="checkbox"/> ID <input type="checkbox"/> Original Documents seen	<input type="checkbox"/> Not Approved <input type="checkbox"/> Approved Approved by: Date:
..... (Interviewer Name) Date		