# MINISTRY OF EDUCATION
# CAREER ADVANCEMENT PROGRAMME
# APPLICATION FORM

**Main Office:**
Caenwood Centre
37 Arnold Road
Kingston 4
Tel./Fax (876) 948-3248

**CAP SCHOOL OF CHOICE**_____

**TRN# :** ☐☐☐ ☐☐☐ ☐☐☐

## PERSONAL DATA

**LAST NAME** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**FIRST NAME** ☐☐☐☐☐☐☐☐☐☐☐

**MIDDLE NAME** ☐☐☐☐☐☐☐☐☐☐

**GENDER:** ☐ **Female** ☐ **Male**

**DATE OF BIRTH** _____/ _____/ _____ **(DD/MM/YY)**

**EMAIL ADDRESS:**_____

**PERMANENT ADDRESS**

**MAILING ADDRESS:** ***(If Different from Permanent Address)***

**PARISH** ☐☐☐☐☐☐☐☐☐☐☐☐

**TELEPHONE #** ☐☐☐ — ☐☐☐☐

## EMERGENCY CONTACT PERSON

**LAST NAME** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**FIRST NAME** ☐☐☐☐☐☐☐☐☐☐☐

**MIDDLE NAME** ☐☐☐☐☐☐☐☐

**ADDRESS**

**TELEPHONE #** ☐☐☐ — ☐☐☐☐

**RELATION** _____

## SKILL TRAINING PREFERENCE

**LIST TOP THREE SKILL AREAS IN ORDER OF PREFERENCE**

**1.** _____

**2.** _____

**3.** _____

## PATH BENEFIT

**Have you ever received benefit from the PATH Programme?** **Yes** ☐ **No** ☐

**If, yes kindly answer the following:**

**State the name of school through which PATH benefit was administered** _____

**PATH Identification number:** _____

**For what was period PATH benefit received?** **From** _____ **to** _____
*Year* *Year*

## EDUCATIONAL BACKGROUND

| NAME OF SCHOOL | TYPE (e.g. Primary, Secondary) | YEAR GRADUATED | CERTIFICATE ACHIEVED (High School Diploma / Certificate) |
|---|---|---|---|
| | | | |
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| | | | |
| | | | |

NOT TO BE SOLD

## QUALIFICATIONS

**FORMAL QUALIFICATIONS (Please list below all the qualifications you have obtained including any vocational training received)**

| SUBJECT OR SKILL AREA | GRADE OBTAINED | DATE AWARDED/ EXPECTED | EXAMINATION BODY (e.g. 'NCTVET, CSEC, City & Guild etc.) |
|---|---|---|---|
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## HEALTH

**Do you have any CHRONIC HEALTH conditions? (*E.g.*** Asthma, Diabetes, Mental illness**):** **Yes** ☐ **No** ☐
If ***YES***, Please Specify_____.

**Do you have any PHYSICAL DISABLILITIES? 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.**
**I understand that any false or misleading information provided in my application and the violation of the rules and regulations of the School may result in disciplinary action or dismissal.**

**Signature** _____ **Date** _____/ _____/ _____ **(dd / mm / yyyy)**

For Office Use Only

Grade 9 Diagnostic Evaluation Completed: **Yes** ☐ **No** ☐

Interest Inventory Mapping**:** Yes ☐ No ☐

Grade 9 Diagnostic Evaluation Score: Math _____ English _____

Interest Inventory _____

Student Placed: **Yes** ☐ **No** ☐

Programme Recommended:_____

School Placed: _____

Orientation Completed: **Yes** ☐ **No** ☐

**Comments:**

_____

_____

_____

Processed by: _____ _____
Name Position

Signature: _____ Date _____/____/____