MINISTRY OF EDUCATION, YOUTH & INFORMATION
CAREER ADVANCEMENT PROGRAMME
APPLICATION FORM

Main Office:
Caenwood Center
37 Arnold Road
Kingston 5
Tel. (876) 967-7802

CAP SCHOOL OF CHOICE University of the Commonwealth Caribbean Academy (UCCA)

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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

QUALIFICATIONS

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

NOT TO BE SOLD

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

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 _____/____/____