

Programme/Course Application

Course I.D. Number:	Participant ID #:
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- I. Please return completed application to Registry at the Hope Kingston campus or Mandeville centre.
- II. Please submit proof of qualifications, where applicable.
- III. Please complete in **BLOCK CAPITALS**.
- IV. Please **do not** write in the shaded areas.
- V. Please tick appropriate box

1. Programme/Course: _____

2. Start Date of Programme: _____ / _____ / _____
Day Month Year

3. Location: Hope, Kingston Campus Mandeville Campus Other

4. Name: _____ / _____ / _____ / _____
Title Last Name First Name M. Initial

5. Gender: Male Female

6. Date of Birth: _____ / _____ / _____
Day Month Year

7. Home Address: _____
Street

_____ P.O. Box _____ City _____ Country _____

8. Telephone Number: _____ 9. Email: _____

10. Mailing Address (*if different from 7*):

11. **Person to be contacted in the event of an emergency:** Name: _____
 Relationship: _____ Telephone Number: _____
 Address: _____
Street P.O. Box City Country

12. **Please provide a summary of your formal education to date:**

Institution	Final Year of Study	Level Attained or Certification Received

13. **For Associate of Science Degrees and other prescribed programmes:** List all subjects passed at CXC General Proficiency and GCE Ordinary Level or any other qualifications that are considered equivalent. **Original or certified copies of qualifications must accompany your application.**

Examining Body <small>(e.g. CXC, Cambridge)</small>	Level	Subject	Grade	Date Awarded <small>(month / year)</small>

14. **Employment Information**

Name of Organisation: _____

Position: _____

Address: _____

Street

P.O. Box

City

Country

Telephone Number: _____ Fax Number: _____

15. **Please indicate your reason(s) for applying for this programme/course:**

Need qualification for promotion / confirmation in post <input type="checkbox"/>	To improve work skills / personal development <input type="checkbox"/>
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16. **Please indicate any area of special needs (*dietary, physical etc.*)**

17. How did you obtain information about MIND's programmes/courses?

Employer Internet Television Radio News Paper Other

18. Have you previously been registered on any programme/course at MIND? Yes No

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY ORGANISATIONS THAT ARE SPONSORING PARTICIPANTS

Please Invoice: _____
Organisation

Organisation's Official Stamp:

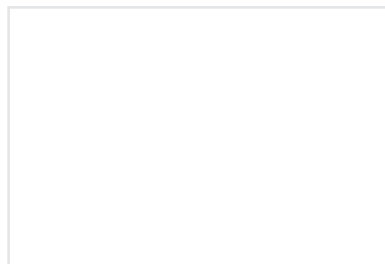
Name of Authorising Officer: _____

Title/Position: _____

Telephone Number: _____

Email Address: _____

Signature: _____ **Date:** _____



For MIND Use Only

A. **Matriculation Course:** Yes No

B. Registry and Records Management Unit:

1. Applicant Matriculated: Yes No 2. Qualification Verified: Yes No

3. Approved by Registrar: Signature: _____ Date: _____

4. Applicant Registration entered: _____ Date: _____ 5. Acceptance Package/Unsuccessful Letter Sent: _____

C. Learning Unit (Non-Matriculated, Secondary Selection):

1. Applicant Selected:
a) Mature Status: Yes No
a) Successful Interview: Yes No

2. Course Coordinator: _____

3. Signature: _____ Date: _____

4. Approved by Programme Head:

Signature: _____ Date: _____