|  |  |  |
| --- | --- | --- |
| APPLICATION DATE | **APPLICATION FORM** |  |

**Please fill in BLOCK LETTERS ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 1. Name of Course you wish to pursue: |  | | 1. Are you registering/registered as a Full Time or Past Time Student? | FULL-TIME  PART-TIME  WEEKEND | | 1. Select your most convenient Class times: | 9:00am – 12:00noon  1:00pm – 4:00pm  5:00pm – 8:00pm | | 1. New Student  Continuing Student | | | ATTACH PASSPORT SIZE PHOTO HERE |

## **PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **NAME**: | | |  | | | | | | |  | | | | | | |  | | | | |
|  | | | **SURNAME** | | | | | | | **FIRSTNAME** | | | | | | | **MIDDLE NAME** | | | | |
| 1. **Former Name** | | |  | | | |  | | | | | |  | | |  | | | | | |
|  | | | **SURNAME** | | | | **FIRSTNAME** | | | | | | **MIDDLE NAME** | | | **TYPE OF FORMER NAME**  **Maiden  (Prior to) deed Poll** | | | | | |
| 1. **HOME ADDRESS:** | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **MAILING ADDRESS:**   **(if different from 2)** | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **E-MAIL ADDRESS** | | |  | | | | | | 1. **NATIONALITY**   **(a) Country of Birth/National of:** | | | | | | |  | | | | | |
|  | | |  | | | | | | **(b) Country of Residence:** | | | | | | |  | | | | | |
| **CONTACT #** | | | **HOME:** | |  | | | | **MOBILE:** | | |  | | | | | | **WORK:** | |  | |
| 1. **GENDER:  MALE  FEMALE** | | | | | | | | | 1. **RELIGION:** | | | | |  | | | | | | | |
| 1. **DATE OF BIRTH:** | |  | | | | | | | 1. **ID/DP/PP #:** | | | | |  | | | | | | | |
|  | | **DD** | **MM** | | | **YYYY** | | | DP ID PP | | | | | | | | | | | | |
| 1. **AGE:** |  | | | | | | | | 1. **BIRTH CERTIFICATE PIN:** | | | | | |  | | | | | | |
|  |  | | | | | | | |  | | | | | |  | | | | | | |
| 1. **MARITAL STATUS**  Single  Married  Common law  Divorced  Legally separated  Widowed | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | | |  | | | | | | |
| 1. **HIGHEST EDUCATION LEVEL ATTAINED** | | | | | | | | Primary | | | Secondary | | | Technical/Vocation | | | | | Tertiary | | None |
|  | | | | | | | |  | | |  | | |  | | | | |  | |  |
| 1. **DO YOU HAVE A DISABILITY?** (This information is needed in case special facilities are required) | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | If yes, please specify: | | | | | | | | | | | | | | | | | |

## **EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **ADDRESS** | **CONTACT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## EMPLOYMENT INFORMATION

**Please indicate current employment information (if applicable)**

|  |  |
| --- | --- |
| 1. **ARE YOU SELF EMPLOYED**  Yes  No   If yes: Indicate the type of Business | f) Address: |
| 1. Name of Employer: (If applicable) |
| 1. Position: |
| 1. From (dd/mm/yyyy) |

## FINANCIAL RESOURCES

**EXPECTED SOURCE OF FUNDING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Self  Parents | | Loan | Donor (Specify): | Other(specify): | |  |
| Award (specify) |  | | Government (Specify): | |  | |

Will you be able to meet your financial obligation by the time of acceptance?  Yes  No

## PAYMENT DETAILS

**COMPULSORY FEES**

Please note that compulsory fees are non-refundable except for caution money.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Fee:** | **$** |  | **Registration Fee:** | **$** |  | **Caution Fee**  ***(Refundable)*** | **$** |  |
| **ID Card Fee** | **$** |  | **Student Services & Amenities Fee** | **$** |  | **Childcare Services** |  |  |
|  |  |  |  |  |  |  |  |  |

Other Fees (If Applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Discount Code:** |  |  | **Technology Fee** | **$** |  | **Late Payment Fee**  **(charged each late payment)** | **$** |  |
|  |  |  |  |  |  |  |  |  |
| **Tuition Fees** | **$** |  | **Exam Fees** | **$** |  | **Other** | **$** |  |

**PAYMENT OPTIONS:**

|  |  |
| --- | --- |
| Cash  Cheque *(Made payable to Innovative Computer Training Center Ltd)*  Local Bank Deposit – Ac# **2532710 – FCB**  Online Bank Transfer / Wire Transfer | Linx - Visa / MasterCard Credit card  Linx - Debit Card  Wipay  PayPal |

Paid in Full  50% Deposit  Payment Plan

## MARKETING DATA

How did you FIRST learn about the courses offered by ICTC? (Please tick only one)

|  |  |  |
| --- | --- | --- |
| Personal Contact | Print / Broadcast Media | Internet/Social Media |
| Colleague/Work  Former / Current Student of ICTC  Friends/Family  Teacher/School/College | Newsletters  Newspapers  Magazine  Television  Radio | ICTC Website  Other Website  Facebook  Instagram  Youtube |

Are there any other courses you might be interested in pursuing?

|  |
| --- |
|  |
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| --- |
| DECLARATION |
| I certify that all information submitted is correct and true. I understand that this application cannot be processed if incomplete and that any misrepresentation, including any physical disability or medical condition, may result in the denial and cancellation of admission. In applying to **ICTC – Innovative Computer Training Center Ltd,** I understand that I am required to pay all my fees before registration unless a current bilateral institutional arrangement makes this unnecessary.  Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICATION CHECKLIST | | **FOR OFFICIAL USE ONLY** | |
| 1. Original copies of Valid form of IDs | Yes,  No | Receipt Number: |  |
| 1. Original copies of Birth Certificate | Yes,  No | Receipt Date: |  |
| 1. Photos | Yes,  No | Amount: |  |
| 1. Application Fee | Yes  No | ICTC Representative |  |
| 1. ID Card Fee | Yes  No | Signature |  |
| 1. Original copies of Certificates and transcripts | Yes  No |  |  |
| 1. Original and photocopy of passport   (CARICOM and International applicants) | Yes  No | Note |  |
|  |  |  |  |