|  |  |  |
| --- | --- | --- |
| 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** |
| 1.
 |       |       |       |
|  |  |       |       |
| 1.
 |       |       |       |
|  |  |       |       |

## 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?

|  |
| --- |
|       |
|       |
|       |

|  |
| --- |
| 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 |  |
|  |  |  |  |