

Gordon Town Road, P.O. Box 179, Kingston 6, Jamaica W.I.

Telephone: (876) 977-1700-5 Fax: (876) 977-1707, 977-1115

Application form must be submitted along with the following:

- (a) Original or certified copies of certificates achieved
- (b) Syllabuses or other documents showing the scope and content of the areas covered in training
- (c) Official transcripts of all courses (sent directly from institution)
- (d) Résumé giving a profile of the extent of work experience achieved
- (e) Testimonials from past or present employer or customer to attest to competencies gained
- (f) Proof of payment of the evaluation fee

Name:

Surname

First Name

Middle

Address:

Telephone:

Home

Mobile

E-mail:

Date of Birth:

<i>Day</i>	<i>Month</i>	<i>Year</i>

Gender:

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TRN:

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Employment Status:☐ *Full-time*

☐ *Part-time*

☐ *Unemployed*

☐ *Self-employed*

Employer's Name:

Employer's Address:

Telephone:

Fax:

Name of Job Supervisor/Mentor:

Skill Area/Qualification:

Level:

Length of time working in the Skill Area:

Name of Schools Attended

Institution	From	To	Did you complete programme? (yes/no)

Educational Records & Achievements *(List subjects already passed)*

Examination Body GCE, CXC, SSC, JSC, ULCI	Subject or Area of Certification	Year	Level	Grade Obtained

(Original or certified documentary evidence should be submitted with this form.)

Employment Record *(Most recent first, including part-time and self-employment)*

Position Held	Name & Address of Employer	From	To

In thirty (30) words, give reason for applying for evaluation in this skill area.

A Statement of Equivalency indicating the level of alignment will be issued providing that the submitted credentials are aligned to the qualification and level requested. Submission of a signed application form confirms agreement to the terms and conditions of this evaluation. Application form must be submitted with the proof of payment of the evaluation fee.

I hereby certify that I have read and understood the instructions and the information for completing this application and that all statements made are true and complete.

Signature of Applicant

Date

For Official Use Only

Date application received: _____

Fee received: _____

Receipt No.: _____