



# TRAINEE APPLICATION FORM- 2022

## 1. PERSONAL INFORMATION

**INSTRUCTIONS: \*APPLICANTS MUST PROVIDE A VALID EMAIL ADDRESS/PLEASE COMPLETE THIS FORM IN BLOCK LETTERS**

Email\*: \_\_\_\_\_

National Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Gender: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Confirm Email Address: \_\_\_\_\_

## 2. EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

### 3. PROGRAMME INFORMATION: SKILL AREA AVAILABLE

(You may select a maximum of 4 courses)

FIRST CHOICE SELECT ONLY ONE (1)	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	4 <sup>th</sup> Choice
Air Conditioning Installation				
Backhoe Operation				
Boxing (Formwork)				
Brick Laying and Plastering				
Carpentry (Basic)				
Construction Supervision				
Dry wall Installation				
Electrical Assistant				
Electrical Installer				
Foundation Laying				
Gabion Building				
Joinery and Cupboard Construction				
Landscaping				
Metal Stud Framework Erection				
Painting, Taping and Pasting				
Photovoltaic Installation				
Plumbing				
Skid Steer Loader Operation				
Steel Bending				
Textured Wall Coating				
Tiling				
Tree Trimming				
Welding				
Well Digging				

What is your preferred start date? Select One (1)	
April	
July	
October	
January	

### 4. EDUCATIONAL HISTORY: SELECT HIGHEST EDUCATIONAL LEVEL REACHED

Primary \_\_\_\_ Secondary \_\_\_\_ Tertiary \_\_\_\_

**How did you hear about this programme?**

Radio/TV \_\_\_\_ Social Media \_\_\_\_ Family Member \_\_\_\_ Other \_\_\_\_

### 5. IMPORTANT INFORMATION:

- THE INSTITUTION RESERVES THE RIGHT TO DISCONTINUE UNDERSUBSCRIBED PROGRAMMES/COURSES.
- We will protect your privacy and maintain confidentiality in accordance with the laws of Barbados
- Completed application forms must be delivered to any of the following locations: *Barbados Vocational Training Board, Samuel Jackman Prescod Institute of Technology, Barbados Community College, TVET Council Barbados, Division of Youth Affairs, Ministry of Education, Technological and Vocational Training*

By signing below, I hereby certify that the above information is correct. I understand that any false information submitted will invalidate my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date