



**For MIND Use Only**

**A. Matriculation Course:** Yes  No

**B. Training Division:** \_\_\_\_\_

1. Applicant Selected: Yes  No

2. Special Needs Identified Yes  No

3. Course Coordinator: \_\_\_\_\_

4. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Approved by Programme Head:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Customer Service:**

1. Application received: \_\_\_\_\_  
Date

2. Application entered: \_\_\_\_\_  
Date

3. Registration entered: \_\_\_\_\_  
Date

4. Acceptance Package/Unsuccessful Letter sent: \_\_\_\_\_  
Date

5. Reminder: \_\_\_\_\_  
Date



**235A Old Hope Road, Kingston 6, Jamaica**  
Tel: (876) 927-1761 | Fax: (876) 977-4311  
E-mail: customerservice@mind.edu.jm

**5 Perth Road, Mandeville, Manchester, Jamaica**  
Tel: (876) 962-2183 | Fax: (876) 962-1008  
E-mail: customerservice@mind.edu.jm

Course I.D. Number	Trainee Registration / I.D. Number

- I. Please return completed application to Registry at the Hope Kingston campus or Mandeville centre.
- II. Please complete in block capitals.
- III. Please **do not** write in the shaded areas.
- IV. Please tick appropriate

1. Programme/Course: \_\_\_\_\_

2. Start Date of Programme/Course: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

3. Coordinating Centre: Hope, Kingston  Mandeville

4. Name: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Last Name First Name Middle Initial

5. Gender: Male  Female

6. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

7. Home Address: \_\_\_\_\_  
Street P.O. Box  
\_\_\_\_\_  
City Country

8. Telephone Numbers: \_\_\_\_\_ - \_\_\_\_\_

9. E-mail Address: \_\_\_\_\_

10. Mailing Address (if different from 7):

\_\_\_\_\_  
Street P.O. Box  
\_\_\_\_\_  
City Country

**11. Person to be contacted in the event of an emergency:**

Name: \_\_\_\_\_  
Telephone Number

Relationship \_\_\_\_\_

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 (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mo./yr.)

**14. Present Occupation**

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 course/programme:**

Need qualification for promotion / confirmation in post	<input type="checkbox"/>
To improve work skills / personal development	<input type="checkbox"/>

**16. Please indicate any area of special needs**

\_\_\_\_\_

\_\_\_\_\_

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

Employer       Internet       Television   
 Radio       News Paper

**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

Name of Authorising Officer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organisation's Official Stamp: