



CARIBBEAN INSTITUTE OF HOSPITALITY

29 Courtney Walsh Drive, Kingston 10 ♦ Phone: 968-2232/ 631-0301/ 6310158
cihlearning@hotmail.com ♦ www.cihospitality.org

APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION AND USE CAPITAL LETTERS TO ENSURE LEGIBILITY.

PROGRAMME YOU WISH TO PURSUE: _____

SERVICE REQUIRED: TRAINING & ASSESSMENT ASSESSMENT ONLY

PREFERRED MODE OF ATTENDANCE: DAY EVENING EXPECTED START DATE: _____

(Please note: Mode of attendance may be withdrawn in the event of under-enrolment in a given programme.)

SECTION A: PERSONAL DETAILS

LAST NAME: _____ GENDER: MALE FEMALE

FIRST NAME: _____ NATIONALITY: _____

MIDDLE NAME: _____ TRN: _____

MAIDEN NAME: _____ DATE OF BIRTH: _____

dd/mm/yyyy

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

PERMANENT ADDRESS: _____ MAILING ADDRESS: (if different from permanent address) _____

TEL: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

DO YOU SUFFER FROM ANY MAJOR ILLNESSES? YES NO PLEASE SPECIFY _____

INDICATE ANY KNOWN ALLERGIES OR ANY OTHER MINOR ILLNESSES YOU MAY HAVE:

ARE YOU CURRENTLY ON MEDICATION? YES NO PLEASE SPECIFY _____

I FOUND OUT ABOUT CARRIBEAN INSTITUTE OF HOSPITALITY (FORMERLY JAN'S SCHOOL OF CATERING) FROM:

FAMILY WEBSITE TV AD PAST/CURRENT STUDENT

RADIO AD NEWSPAPER AD BROCHURE OTHER _____

SECTION B: NEXT OF KIN

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TEL #: HOME: _____ WORK: _____ CELL: _____

SECTION C: FUNDING

SOURCE OF FUNDING: SELF PARENTS SPONSOR

NAME OF SPONSOR: _____ RELATIONSHIP: _____

LEVEL OF SPONSORSHIP: FULL PARTIAL \$ _____

SIGNATURE OF SPONSOR: _____ (please affix stamp where applicable)

SECTION D: EDUCATIONAL EXPERIENCE (List the last two institutions you attended, starting with the most recent.)

INSTITUTION	LAST GRADE ATTENDED	FROM	TO	TYPE OF AWARD

SECTION E: QUALIFICATIONS (Note: Certified documentary evidence must be submitted.)

SUBJECT OR SKILL AREA	QUALIFICATION OR AWARD TYPE	GRADE OBTAINED	DATE AWARDED	EXAMINATION BODY (E.g. GCE, CXC, JSE, NVQ-J)

SECTION F: WORK EXPERIENCE (List your last two place of employment, starting with the most recent.)

NAME OF ORGANIZATION	FROM	TO	POSITION HELD

SECTION G: PARENT/ GUARDIAN CONSENT (For applicants under 18 years)

NAME OF PARENT/ GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____

TEL #: HOME: _____ WORK: _____ CELL: _____

SIGNATURE: _____ DATE: _____

THIS FORM SHOULD BE SUBMITTED WITH THE FOLLOWING:

- ✓ A NON-REFUNDABLE REGISTRATION FEE OF \$1,500.00
- ✓ TWO PASSPORT SIZE PHOTOS
- ✓ CERTIFIED COPY OF TRN CARD AND BIRTH CERTIFICATE*
- ✓ CERTIFIED COPIES OF CERTIFICATES AWARDED*
- ✓ CERTIFIED COPY OF VALID FOOD HANDLERS PERMIT*
- ✓ TWO RECOMMENDATION LETTERS (from the last school or college you attended, last/current place of employment, Minister of Religion or Justice of the Peace)
- ✓ MEDICAL REPORT

* Where certified copies are not submitted, the original documents must be presented for verification.

All tuition fees should be paid in advance, but the institution recognizes that some students might not be able to make payment in full before the start of the programme. Such students may make payments according to our payment plan. This arrangement can be made with the Administrator and the first payment must be paid in full before starting the programme. Payments must be made at the bank using the appropriate bank voucher, obtainable at the institution. A copy of the bank voucher must be submitted to the Administrative Office immediately after making payment to facilitate and expedite the accurate update of your account.

I hereby certify that I have read, understood and agreed to the terms and conditions of this application, including the conditions of enrolment, payment options and the refund policy of the institution, and further agree to abide by all the policies, rules and regulations of the institution. I declare that the information given in this application is complete and accurate. I understand that making false or fraudulent statements on this application form may result in cancellation of my application and/or admission by the institution. I also understand that the institution reserves the right to suspend or dismiss any student at anytime for disciplinary misconduct or when such action is deemed to be in the best interest of the student and student body.

APPLICANT'S SIGNATURE: _____ DATE: _____