

Trainee Application Form



Course of Interest (Please tick box)

Business Enterprise	<input type="checkbox"/>	
Intermediate Sewing	<input type="checkbox"/>	

Personal Details

First Name	Last Name		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address		
Permanent Address			
Telephone (Cell)	Telephone (Other)		
Date of Birth DD/MM/YY	Current Age		
Nationality	Immigration Status (if not Antiguan, your passport with current status is required)		
Emergency Contact (Name and Relationship)	Telephone		

Education

Last Form Attended	Total Number of CXC's (Grades 1-3)	English CXC Grade	Math CXC Grade
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Institution Name	Period Attended	Training / Qualifications / Certificates Received (List courses and Grades attained)

Contact: 268-463-4121/562-0084 email: admin@gardc.org

Website: www.gardc.org

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References

Please list two references who have been in a position of authority or responsibility towards you, and have known you personally or professionally for more than two years – for example, teachers, pastors or managers. Family members may not be submitted. You will need to return to us a completed reference form from each.

Name	Profession	Relationship to you	Contact Information

Job Placement Information

<p>Have you ever been in Police custody or arrested for any misdemeanours or felonies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details</p>
<p>Do you have access to dependable transportation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have any health issues that may limit your participation in workplace or practical training activities?</p>

Declaration

I confirm that the information given is accurate. I understand that any misrepresentation or deliberate omission of facts is cause for rejection of this application and exclusion from future consideration.

Signature	Date
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