

2016

APPLICATION FORM

REGION #: _____

**GUYANA
MINISTRY OF EDUCATION
CYRIL POTTER COLLEGE OF EDUCATION
TRAINED TEACHER'S CERTIFICATE PROGRAMME
(THREE -YEAR)**

1. **NAME OF APPLICANT:**

Surname	First Name	Other Names
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2. (a) **SPECIALIZATION**

- (i) Early Childhood Education []
- (ii) Primary Education []

(b) **MODALITY AND LOCATION**

MODALITY	CENTRE	REGION
IN-SERVICE (TTC) :	MABARUMA	Region # 1 []
	MORUCA	Region # 1 []
	PORT KAITUMA	Region # 1 []
	MAHDIA	Region # 8 []
	LETHEM	Region # 9 []
	AISHALTON	Region # 9 []
	ANNAI	Region # 9 []

3. **PERSONAL DATA**

POSTAL ADDRESS:

EMAIL ADDRESS:

HOME TEL # **CELL #**

DATE OF BIRTH:

Y	M	D

AGE:

Y	M

GENDER: [] M [] F

MARITAL STATUS: Married [] Common law [] Divorced [] Widowed [] Single []

NATIONAL IDENTIFICATION #.....**NATIONAL INSURANCE #**.....

NAME, ADDRESS & TELEPHONE NUMBER OF PARENT OR GUARDIAN OR NEXT TO KIN:

.....

.....

SCHOOL ATTENDED: (i) from to

(ii) from to

(iii) from to

4. QUALIFICATIONS:

(c) General Certificate of Education ADVANCED LEVEL.

Year	List subjects	Grade obtained	Candidate No	Centre No.
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.....

(d) General Certificate of Education ORDINARY LEVEL

Year	List subjects	Grade obtained	Candidate No	Centre No.
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(a) Caribbean Examinations Council (CXC) Secondary Certificate Examination.

Year	List subjects	Grade obtained	Candidate No	Centre No.
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(b) Upgrading Courses.

GUIDE Year Candidate No Centre

TEACHER UPGRADING PROGRAMME

Year Candidate No Centre

G.B.E.T Programme Year Candidate No Centre

(c) I.D.C.E / University of Guyana Course

Course completed

(State Name)

Subject	Year	Length of Course	Cert/Dip
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.....
.....

(d) School of Agriculture

Year	Length of Course	Cert/Dip
.....

(e) Critchlow Labour College
Subject

Year	Length of Course	Cert/Dip
.....
.....
.....

(f) Carnegie School of Home Economics
Subject

Year	Length of Course	Cert/Dip
.....
.....
.....

(g) Technical Institute – Georgetown [] Linden [] New Amsterdam []
Essequibo []

Subject	Year	Length of Course	Cert/Dip
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.....
.....

(h) Burrowes School of Art
Year

Year	Length of Course	Cert/Dip
.....
.....
.....

(i) University of Guyana
Year

Year	Length of Course	Cert/Dip
.....
.....

(j) Any other examination passed
Year

Year	Length of Course	Cert/Dip
.....
.....
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AWAITING RESULTS

If you have written any examination or intend to do so, and will be awaiting the results by the closing date of this application, please indicate below.

REMEMBER TO INFORM THE COLLEGE OF YOUR RESULTS AS SOON AS THEY ARE AVAILABLE.

Year	Name of Exam	Proficiency (if applicable)	Subjects	Cand. No.	Centre No.
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5. SHORT COURSES, SEMINARS AND WORKSHOPS YOU HAVE ATTENDED.

Year	Description	Sponsored by	Length of Time
(a)
(b)
(c)
(d)

6. Name any special achievement or distinction you have attained.

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7. EMPLOYMENT (start with present)

Date of employment	Name of employer	Place of employment	Region	Status	Duration
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8. GENERAL INFORMATION

- (a) Hobbies/Interests
-
- (b) Clubs/Organisations to which you belong.....
-
- (c) Involvement in Community Activities
-

(d) Do you have a Health problem? (Specify e.g., Cardiac complaint, Diabetes, Epilepsy, Hypertension).

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(i) Have you ever been charged by the Police? Yes No

If yes, give: Date Charge

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(j) Name two (2) referees who know you personally – one of whom should be your Headmaster/Headmistress/Employer.

Name: Name:

Address: Address:

.....

Occupation: Occupation:

(k) If selected, would you like to be a resident student? If yes, Why?

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9. I hereby agree to serve the Government of Guyana Pre-Service Centre for five (5) years and In-Service Centre for three (3) years immediately after training.

Signature:

10. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE.

Signature:

Date:

NB: Closing date for submission of applications is June 24, 2016