

**2018
APPLICATION
FORM**

**GUYANA
MINISTRY OF EDUCATION
CYRIL POTTER COLLEGE OF EDUCATION
ASSOCIATE DEGREE IN EDUCATION
TWO-YEAR PROGRAMME**

REGION #: _____

1. NAME OF APPLICANT:

Surname	First Name	Other Names
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2. (b) SPECIALIZATION: (i) Early Childhood Education []
(ii) Primary Education []
(iii) Secondary Education []

Please indicate, with a tick, your 1st, 2nd, and 3rd choices in the appropriate box []

(a) FOR APPLICANTS CHOOSING SECONDARY SPECIALIZATION ONLY
Select ONE Major Option and ONE Minor Option.

Major

Minor

Modern Languages []	English Language []
Social Studies []	Science []
Pure Sciences []	Mathematics []
Agricultural Science []	Social Studies []
Home Economics []	Modern Languages []
Industrial Technology []	Agricultural Science []
Mathematics []	Business Studies []
English Language []	Physical Education []
Business Studies []	Information Technology []
	Music Education []

(c) MODALITY AND LOCATION

MODALITY	CENTRE	REGION
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IN-SERVICE:

ANNA REGINA	Region # 2	[]
VREED-EN-HOOP	Region # 3	[]
GEORGETOWN	Region # 4	[]
NEW AMSTERDAM	Region # 6	[]
ROSE HALL	Region # 6	[]

PRE-SERVICE:

TURKEYEN	Region # 4	[]
LINDEN	Region # 10	[]

3. PERSONAL DATA

POSTAL ADDRESS:

EMAIL ADDRESS:

HOME TEL # CELL #

DATE OF BIRTH:

Y	M	D
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 AGE:

Y	M
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 GENDER: [] M [] F

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

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

PASSPORT # DATE OF ISSUE:

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

.....
.....

SCHOOLS ATTENDED: (i) from to
(ii) from to
(iii) from to

4. QUALIFICATIONS:

(a) General Certificate of Education ADVANCED LEVEL.

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

(b) General Certificate of Education ORDINARY LEVEL

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

(c) Caribbean Examinations Council (CXC) Secondary Certificate Examination.

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

(d) Upgrading Courses.

GUIDE Year Candidate No Centre

CCPE TEACHER UPGRADING PROGRAMME

Year Candidate No Centre

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

Course completed

(State Name)

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

(f) Guyana School of Agriculture

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

(g) Critchlow Labour College

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

(h) Carnegie School of Home Economics

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

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

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

(j) Burrowes School of Art

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

(k) University of Guyana

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

(l) Any other examination passed

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

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.
.....
.....
.....

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.

.....

.....

.....

7. EMPLOYMENT (start with present)

Date of employment	Name of employer	Place of employment	Region	Status	Duration
.....
.....
.....

8. GENERAL INFORMATION

(a) **Hobbies/Interests**

.....

(b) Clubs/Organisations to which you belong (please state specific name (s))

.....
.....

(c) Involvement in Community Activities (please specify):

.....
.....

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

.....

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

If yes, give: Date Charge

.....

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

Name: Name:

Address: Address:

.....

Occupation: Occupation:

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

.....

9. I hereby agree to serve the Government of Guyana for:

In-Service Centre Students three (3), years immediately after training.

YES NO

Pre-Service Centre Students five (5), years immediately after training.

YES NO

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 22, 2018

**2018
APPLICATION
FORM**

**GUYANA
MINISTRY OF EDUCATION
CYRIL POTTER COLLEGE OF EDUCATION
TRAINED TEACHERS CERTIFICATE
THREE-YEAR PROGRAMME**

REGION #: _____

1. NAME OF APPLICANT:
Surname
First Name
Other Names

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 []
	BARTICA	Region # 7 []
	KAMARANG	Region # 7 []
	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:

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(d) Upgrading Courses.

GUIDE Year Candidate No Centre

CPCE TEACHER UPGRADING PROGRAMME

Year Candidate No Centre

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

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

Course completed

(State Name)

Subject	Year	Length of Course	Cert/Dip
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(f) Guyana School of Agriculture

	Year	Length of Course	Cert/Dip
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(g) Critchlow Labour College

Subject	Year	Length of Course	Cert/Dip
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(h) Carnegie School of Home Economics

Subject	Year	Length of Course	Cert/Dip
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**(i) Technical Institute – Georgetown [] Linden [] New Amsterdam []
Essequibo []**

Subject	Year	Length of Course	Cert/Dip
.....
.....
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(j) Burrowes School of Art

Year	Length of Course	Cert/Dip
.....
.....
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(k) University of Guyana

Year	Length of Course	Cert/Dip
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(l) Any other examination passed

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- (a) **Hobbies/Interests**
-
- (b) **Clubs/Organisations to which you belong (please state specify name (s))**
-
-
- (c) **Involvement in Community Activities (please specify)**
-

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

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YES NO

Signature:

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Signature:

Date:

NB: Closing date for submission of applications is June 22, 2018

**GUYANA
MINISTRY OF EDUCATION
CYRIL POTTER COLLEGE OF EDUCATION
ASSOCIATE DEGREE PROGRAMME IN TECHNICAL TEACHER EDUCATION
ONE-YEAR PROGRAMME**

SECTION A: DEMOGRAPHICS

1. Name (Print)

Surname	First Name	Others

2. Home Address

3. Email

4. Home Tel No

5. Cell No.

6. Date of Birth

Date	Month	Year

7. Region

8. Age

9. Gender

F	M
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MARITAL STATUS: MARRIED [] COMMON LAW [] DIVORCED [] WIDOWED [] SINGLE []

SECTION B:

PRESENT INSTITUTION / ORGANISATION

10. Name

11. Address

12. Tel:

13. e-mail

SECTION C: QUALIFICATIONS All listed qualifications and experiences **MUST** be supported with appropriate documentation (photocopies should accompany the application form). Attach more pages if required.

ACADEMICS

Institution/School	Qualifications	Grade(s)	Year obtained

INDUSTRIAL EXPERIENCE (PORTFOLIOS ARE ACCEPTABLE)

Name of Organisation	Period	Subject(s) taught	Remarks

OTHER COURSE(S) ATTENDED PERIOD

Name of Institution/School	Qualification	Examination	Results(s) Obtained	Remarks

Industrial Experience: _____ hours

14: Involvement in clubs or associations (please specify)

NB: Closing date for submission of applications is June 22, 2018