

REGION #: \_\_\_\_\_

Indicate by placing X in the appropriate box

In-Service [ ] Pre-Service [ ]

GUYANA  
MINISTRY OF EDUCATION  
CYRIL POTTER COLLEGE OF EDUCATION  
APPLICATION 2015

1. NAME OF APPLICANT: .....  
Surname First Name Other Names

2. CHOICE OF PROGRAMME

(i) Associated Degree in Education (ADE) [ ]

(ii) Trained Teachers' Certificate (TTC) [ ]

- (a) SPECIALIZATION: (i) Early Childhood Education [ ]  
(ii) Primary [ ]  
(iii) Secondary Academic [ ]  
(iv) Secondary Pre-Vocational [ ]

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

(b) FOR APPLICANTS CHOOSING SECONDARY SPECIALIZATION ONLY

Select one Major Option and one Minor Option.

Secondary Academic		Secondary Pre-Vocational	
Major	Minor	Major	Minor
English [ ]	English [ ]	Agricultural Science [ ]	English [ ]
Mathematics [ ]	Science [ ]	Home Economics [ ]	Mathematics [ ]
Science [ ]	Mathematics [ ]	Industrial Technology [ ]	Social Studies [ ]
Social Studies [ ]	Social Studies [ ]	Business Studies [ ]	Spanish [ ]
Spanish [ ]	Spanish [ ]		Agricultural Science [ ]
	Agricultural Science [ ]		
	Business Studies [ ]		

(c) MODALITY AND LOCATION

MODALITY CENTRE	REGION	MODALITY CENTRE	REGION
IN-SERVICE (ADE)		IN-SERVICE (TTC)	
ANNA REGINA	Region # 2 [ ]	MABARUMA	Region # 1 [ ]
VREED-EN-HOOP	Region # 3 [ ]	MORUCA	Region # 1 [ ]
GEORGETOWN	Region # 4 [ ]	PORT KAITUMA	Region # 1 [ ]
NEW AMSTERDAM	Region # 6 [ ]	MAHDIA	Region # 8 [ ]
ROSE HALL	Region # 6 [ ]	LETHEM	Region # 9 [ ]
		AISHALTON	Region # 9 [ ]
		ANNAI	Region # 9 [ ]
PRE-SERVICE (ADE)			
TURKEYEN	Region # 4 [ ]		
LINDEN	Region # 10 [ ]		

3. PERSONAL DATA

POSTAL ADDRESS:.....

EMAIL ADDRESS: ..... TEL # .....CELL # .....

DATE OF BIRTH: ..... GENDER: [ ]M [ ]F  
Y / M / D

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

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

NAME, ADDRESS & TELEPHONE NUMBER OF PARENT OR 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.
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

(d) Upgrading Courses.

GUIDE Year ..... Candidate No ..... Centre .....

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**

<b>Year</b>	<b>Length of Course</b>	<b>Cert/Dip</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....

**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.**

<b>Year</b>	<b>Name of Exam</b>	<b>Proficiency (if applicable)</b>	<b>Subjects</b>	<b>Cand. No.</b>	<b>Centre No.</b>
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**5. SHORT COURSES, SEMINARS AND WORKSHOPS YOU HAVE ATTENDED.**

<b>Year</b>	<b>Description</b>	<b>Sponsored by</b>	<b>Length of Time</b>
(a) .....	.....	.....	.....
(b) .....	.....	.....	.....
(c) .....	.....	.....	.....
(d) .....	.....	.....	.....

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

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

**7. EMPLOYMENT (start with present)**

<b>Date of employment</b>	<b>Name of employer</b>	<b>Place of employment</b>	<b>Region</b>	<b>Status</b>	<b>Duration</b>
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**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).  
 .....
- (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 the head of your organization/ institution.  
 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 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:** .....