

2016

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

2. 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 []
- Social Studies []
- Pure Sciences []
- Agricultural Science []
- Home Economics []
- Industrial Technology []
- Mathematics []
- English Language []
- Business Studies []
- Physical Education []
- Information Technology []

- English Language []
- Science []
- Mathematics []
- Social Studies []
- Modern Languages []
- Agricultural Science []
- Business Studies []
- Physical Education []
- Information Technology []

(b) * [] Special Music Education would be offered as elective/option.

MODALITY AND LOCATION

MODALITY CENTRE REGION

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

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:

(a) General Certificate of Education ADVANCED LEVEL.

Table with 5 columns: Year, List subjects, Grade obtained, Candidate No, Centre No. Includes a large watermark of the Guyana coat of arms.

(b) General Certificate of Education ORDINARY LEVEL

Table with 5 columns: Year, List subjects, Grade obtained, Candidate No, Centre No. Includes a large watermark of the Guyana coat of arms.

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

Table with 5 columns: 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) **G.B.E.T Programme** **Year** **Candidate No** **Centre**
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.

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.....

.....

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.....

- (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 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 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