



Application Form

ONE-YEAR CERTIFICATE PROGRAMME

Name: (Mr/Mrs/Ms)	(First Name)	(Middle Initial)	(Surname)
Maiden Name:	Nationality:		
Date of Birth: Y ____ M ____ D ____	I.D. # _____ - _____		
Home Address:			☎ #
Employer's Name:			
Address:			
☎ #	Ext(s):	e-mail	
Job Title:			

NAME & TITLE OF CONTACT PERSON (if sponsored)	
Name:	Title:

AREA OF SPECIALIZATION	
[choose one (1) only]	
MANAGEMENT OF HUMAN RESOURCES	
ACCOUNTING / FINANCE	
PRODUCTION & OPERATIONS MANAGEMENT	
MANAGEMENT OF INFORMATION TECHNOLOGY	
MARKETING MANAGEMENT	
GENERAL MANAGEMENT	
SUPERVISORY MANAGEMENT	
TOURISM MANAGEMENT	
SUPERVISORY MANAGEMENT	

EDUCATIONAL BACKGROUND

SCHOOLS / COLLEGES, ETC.		From	To
Secondary:	■		
	■		
Tertiary:	■		
	■		

GCE / CXC AND /OR OTHER CERTIFICATES					
Subject	Grade	Year	Subject	Grade	Year
•			•		
•			•		
•			•		
•			•		
•			•		

WORK EXPERIENCE			
Company/Organization	Job Title	From	To
■			
■			
■			
■			

I hereby certify that the information given is true and correct.


Signature: _____ Date: Y _____ M _____ D _____


NOTE !


The following is required to support this application:

A Non-Refundable Application Fee of Bds. \$25.00

FOR OFFICIAL USE ONLY !

APPLICATION FEE	
(Bds. \$25.00)	
Application Fee  _____	Cash <input type="checkbox"/>
	Cheque <input type="checkbox"/> N ^o _____
Official Receipt N ^o	DATE PAID:
Initials	Y _____ M _____ D _____

CERTIFICATE PAYMENT				
(In FULL)				
Amount Paid	Cash	Cheque	Date Paid	Receipt N ^o
	(✓)	(✓)		

EXEMPTIONS		BIMAP Courses: \$ 75.00 Other Courses: \$200.00			
Number of Exemptions Granted:					
Courses / Seminars	Fee	Date Paid	Cash	Cheque	Receipt N ^o
			(✓)	(✓)	