



BUSINESS DEVELOPMENT & ENTREPRENEURSHIP DIVISION

GENERAL REGISTRATION FORM

PERSONAL DATA

Name of Participant (Mr./ Mrs./ Ms./ Dr.) _____
 (First Name) (Middle Initial) (Surname)

Male Female Date of Birth: Y _____ / M _____ / D _____ Age at last Birthday: _____ years

Nationality: _____ National Registration # _____

Home Address: _____ Tel. # _____

Name of Company/Organisation: _____ Tel. # _____

Address: _____

Present Job Title: _____

COURSE OF STUDY

PLEASE complete both sides of the form

- Accounting & Finance for Small Business
- Computer Applications for Small Business
- Computer Assisted Accounting for Small Business (QuickBooks)
- Customer Service for Small Business
- Entrepreneurial Development Programme
- How to Start a small Business (Seminar)
- Marketing & General Management for Small Business
- Other: Specify _____

GENERAL INFORMATION

Payment of Fees

Cheques made payable to BIMAP should be forwarded in advance along with the Registration/Course-Booking Form. If this is not done, payment must be made at our Wildey Office during the scheduled registration period or before the start of the course.

A refund less an administrative fee of \$50.00, will only be granted if cancellation of an enrollment is received (in writing) prior to the start of the course.

Signature of Applicant

Date of Application

FOR OFFICIAL USE ONLY

Amount Paid \$ _____ Cash Cheque Date of Payment Y _____ / M _____ / D _____

Amount Paid \$ _____ Cash Cheque Date of Payment Y _____ / M _____ / D _____

Official Receipt NO./s _____ / _____ Signature/s _____ / _____

BARBADOS INSTITUTE OF MANAGEMENT & PRODUCTIVITY (BIMAP)



COURSE Funded by
THE GOVERNMENT OF BARBADOS

REGISTRATION FORM

1. **Name:** (Mr./ Mrs./ Ms./ Dr.) _____
(Surname) (Middle Name) (First Name)
2. **Male** **Female**
3. **Date of Birth:** Y _____ / M _____ / D _____ Age at last Birthday: _____ years
4. **Country of Birth:** _____ **Country of Residence:** _____
5. **Nationality:** _____ **National Registration #** _____
6. **Address:** _____
7. **Tel. #(s)** _____ (h) _____ (w) _____ (c)
8. **E-mail address:** _____
9. **Present Occupation:** _____
10. **Outline any Special Training** (include dates): _____

11. **Outline any Previous Business Training** (include dates): _____

12. **Do you presently** **own a business** **manage a business** **work for?**
13. **How old is the business** _____ **years**
14. **Provide the name and a brief description of the business you own or manage or work for** _____

15. **In what way do you think this programme can assist in the your personal development or of the enterprise?**

