



**Register Now!**

4 Camp Road, Kingston 4



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justicetraining@moj.gov.jm



www.jti.edu.jm

## APPLICATION FOR ADMISSION

<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>A <b>non-refundable</b> processing fee of \$500 must accompany this application</li> <li>Print clearly using <b>INK</b> and <b>BLOCK LETTERS</b> (do <u>not</u> write in pencil)</li> <li>Answer <b>ALL</b> questions</li> <li>Tick (<input checked="" type="checkbox"/>) boxes, where appropriate</li> <li>Incomplete applications will <b>not</b> be considered</li> <li>Submit <b>two (2)</b> passport size photos [<u>not</u> more than six (6) months old]</li> <li>Submit <b>completed</b> application form and <b>required documents</b> to the JTI</li> </ul> <p>* Required documents: Birth Certificate, Marriage Certificate, Exam Certificate(s), Other</p>	<b>FOR OFFICIAL USE ONLY</b>	
	<b>STUDENT ID #:</b>	

SECTION A: PROGRAMME/COURSE INFORMATION			
<b>1. PROGRAMME/COURSE APPLYING FOR:</b>			
<b>2. ACADEMIC YEAR:</b>		<b>3. Attendance/Modality:</b>	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Online <input type="checkbox"/> Mixed

SECTION B: PERSONAL INFORMATION					
<b>4. LAST NAME:</b>		<b>5. MAIDEN NAME:</b>			
<b>6. FIRST NAME:</b>		<b>7. MIDDLE NAME:</b>		<b>8. PREFIX:</b> (MR, MRS, MISS, ETC.)	
<b>9. BIRTH DATE:</b>		month         day         year		<b>10. GENDER:</b>	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>11. MARITAL STATUS:</b>				<b>12. MARITAL STATUS DATE:</b>	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____					

13. RESIDENTIAL ADDRESS:			14. MAILING ADDRESS:		
15. PHONE No. #1:		16. PHONE No. #2:		17. WHATSAPP TELE #:	
18. EMAIL ADDRESS:					
19. COUNTRY OF BIRTH:			20. NATIONALITY:		

### SECTION C: PREVIOUS ATTENDANCE AT JTI

21. Have you previously been a student at the JTI?	If YES, please state:	22. PROGRAMME/COURSE:	FROM: MONTH & YEAR	TO: MONTH & YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO				

### SECTION D: EMERGENCY CONTACT INFORMATION

IDENTIFY PERSONS TO BE CONTACTED IN CASE OF EMERGENCY. IF POSSIBLE, AT LEAST ONE CONTACT SHOULD BE LOCATED IN JAMAICA.

23. PRIMARY CONTACT NAME:	24. RELATIONSHIP TO APPLICANT:
25. ADDRESS:	26. PHONE No.:
27. SECONDARY CONTACT NAME:	28. RELATIONSHIP TO APPLICANT:
29. ADDRESS:	30. PHONE No.:

### SECTION E: EDUCATION

31. Enter details of any professional and qualifications, such as degrees, certificates and diplomas; whether at tertiary, secondary, vocational or technical level. For each subject entered, insert either grade or proficiency level.

INSTITUTION	DATE ATTENDED		QUALIFICATION ATTAINED / EXAMINATION TYPE (DEGREE, DIPLOMA, CERTIFICATE, CXC, GCE, ETC.)	SUBJECT	GRADE / PROFICIENCY	YEAR OF AWARD
	FROM: MONTH & YEAR	TO: MONTH & YEAR				




### SECTION F: SKILLS & SPECIAL ABILITIES

32. Indicate any expertise you have in specialized areas e.g. Computing, Communicating, Organizing

SKILL	YEAR ACQUIRED	PROFICIENCY LEVEL (TICK)		
		HIGH	MEDIUM	LOW

### SECTION G: CURRENT EMPLOYMENT INFORMATION

33. ORGANIZATION/ENTITY:			
34. ADDRESS:			
35. JOB TITLE:		36. TOTAL YEARS WITH ENTITY:	

### SECTION H: REFEREE INFORMATION

YOU MUST PROVIDE THE NAMES OF TWO (2) REFEREES, ONE OF WHOM SHOULD BE A MEMBER OF YOUR PRESENT ORGANIZATION/ENTITY.

37. NAME (REFEREE #1):	38. INSTITUTION/ORGANIZATION:	39. JOB TITLE:
40. ADDRESS:		43. REFERENCE TYPE:  PROFESSIONAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> BOTH <input type="checkbox"/>
41. PHONE:	42. EMAIL:	
44. NAME (REFEREE #2):	45. INSTITUTION/ORGANIZATION:	46. JOB TITLE:

47. ADDRESS:		50. REFERENCE TYPE:  PROFESSIONAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> BOTH <input type="checkbox"/>
48. PHONE:	49. EMAIL:	

SECTION I: FEE PAYMENT			
51. WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF YOUR FEES? <input type="checkbox"/> SELF <input type="checkbox"/> SPONSOR/ENTITY			
IF SPONSORED, PLEASE HAVE THE RESPONSIBLE OFFICER COMPLETE THE SECTION BELOW:			
52. NAME OF SPONSOR/ENTITY:			
53. ADDRESS OF SPONSOR:			
54. NAME OF AUTHORIZING OFFICER OF THE SPONSOR:		58. OFFICIAL STAMP OF SPONSOR/ENTITY	
55. POSITION OF AUTHORIZING OFFICER:			STAMP
56. SIGNATURE OF AUTHORIZING OFFICER:			
57. DATE SIGNED:			

SECTION J: PUBLIC RELATIONS & REACH	
59. HOW DID YOU FIRST HEAR ABOUT JTI?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Employer <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please specify): _____	
60. HOW DID YOU HEAR ABOUT THE PROGRAMME FOR WHICH YOU ARE APPLYING?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Employer <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please specify): _____	



### SECTION K: DECLARATION AND SIGNATURE

*I declare that the particulars in this application are true to the best of my knowledge and belief and that I am aware that failure to provide true and accurate information may make me ineligible for admission and enrolment or continuation of studies.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*N.B. The submission of a completed application does not guarantee a place.*

### FOR OFFICIAL USE ONLY

PROCESSING FEE PAID ☐

RECEIPT #: \_\_\_\_\_

RECEIPT DATE: \_\_\_\_\_

#### CERTIFIED DOCUMENTS ATTACHED:

☐ BIRTH CERTIFICATE

☐ TWO (2) PASSPORT SIZE PHOTOS

☐ MARRIAGE CERTIFICATE

☐ DOCUMENT CONFIRMING NAME CHANGE

☐ EXAM CERTIFICATE X \_\_\_\_\_

☐ OTHER: \_\_\_\_\_

#### REMARKS:

#### SUCCESS AT:

INTERVIEW: ☐

ENTRANCE EXAM: ☐

SKILLS TEST: ☐

☐ OTHER: \_\_\_\_\_

#### STATUS:

ACCEPTED: ☐

NOT ACCEPTED: ☐

☐ PENDING: \_\_\_\_\_

NAME OF JTI OFFICIAL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_