Management Institute for National Development
An Agency of the Office of the Cabinet, Government of Jamaica
Building Capability for Public Service Excellence

Programme/Course Application

Course I.D. Number:	**Participant ID #:**

I. Please return completed application to Registry at the Hope Kingston campus.
II. Please submit proof of qualifications, where applicable.
III. Please complete in **BLOCK CAPITALS.**
IV. Please **do not** write in the shaded areas.
V. Please tick appropriate box ☐

1. Programme/Course: _____

2. Start Date of Programme: _____ /_____ /_____
Day Month Year

3. Location: Hope, Kingston Campus ☐ Other ☐

4. Name: _____ /_____ /_____ /_____
Title Last Name First Name M. Initial

5. Gender: Male ☐ Female ☐

6. Date of Birth: _____ /_____ /_____
Day Month Year

7. Home Address: _____
Street

_____ _____ _____
P.O. Box City Country

8. Telephone Number: _____ 9. Email: _____

10. Mailing Address (*if different from 7*):

_____

11. **Person to be contacted in the event of an emergency:** Name: _____

Relationship: _____ Telephone Number: _____

Address: _____
Street P.O. Box City Country

12. **Please provide a summary of your formal education to date:**

Institution	Final Year of Study	Level Attained or Certification Received

13. ***For Associate of Science Degrees and other prescribed programmes:*** List all subjects passed at CXC General Proficiency and GCE Ordinary Level or any other qualifications that are considered equivalent. ***Original or certified copies of qualifications must accompany your application.***

Examining Body (e.g. CXC, Cambridge)	**Level**	**Subject**	**Grade**	**Date Awarded** (month / year)

14. **Employment Information**

Name of Organisation: _____

Position: _____

Address: _____
Street P.O. Box City Country

Telephone Number: _____ Fax Number: _____

15. **Please indicate your reason(s) for applying for this programme/course:**

Need qualification for promotion / confirmation in post ☐	To improve work skills / personal development ☐

16. **Please indicate any area of special needs *(dietary, physical etc.)***

_____

17. How did you obtain information about MIND's programmes/courses?

Employer ☐ Internet ☐ Television ☐ Radio ☐ News Paper ☐ Other ☐

18. Have you previously been registered on any programme/course at MIND? Yes ☐ No ☐

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY ORGANISATIONS THAT ARE SPONSORING PARTICIPANTS

Please Invoice: _____
Organisation

Organisation's Official Stamp:

Name of Authorising Officer: _____

Title/Position: _____

Telephone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

For MIND Use Only

A. Matriculation Course: Yes ☐ No ☐

B. Registry and Records Management Unit:

1. Applicant Matriculated: Yes ☐ No ☐ 2. Qualification Verified: Yes ☐ No ☐
3. Approved by Registrar: Signature: _____ Date: _____
4. Applicant Registration entered: _____ 5. Acceptance Package/Unsuccessful Letter Sent: _____
Date

C. Learning Unit (Non-Matriculated, Secondary Selection):

1. Applicant Selected:
   a) Mature Status: Yes ☐ No ☐
   a) Successful Interview: Yes ☐ No ☐
2. Course Coordinator: _____
3. Signature: _____ Date: _____
4. Approved by Programme Head:
   Signature: _____ Date: _____

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