Management Institute for National Development

An Agency of the Office of the Cabinet, Government of Jamaica

Building Capability for Public Service Excellence

ISO 9001: 2015 CERTIFIED

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

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's Official Stamp:**
    Organisation

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: _____