

**INSTRUCTIONS:**

1. Complete the form in block capitals, legibly and accurately. Forms that are not completed properly will not be processed.
2. A non-refundable registration fee of J\$2,500 must be paid at the bank (Sagicor, Hope Road, Account No. 5503825238) and a copy of your receipt submitted with your application.
3. Failure to submit ALL required documents and registration fee will result in your application not being processed.

**Required Documents:**

- One (1) passport size photograph
- One (1) recent recommendation letter (from the last school or college you attended, last/current place of employment, minister of religion or justice of the peace)
- Certified copy of TRN, national ID, proof of qualifications, food handler's permit

4. Completed form, with supporting documents, should be submitted to our school office at 22B Old Hope Road, Kingston.

**APPLICANT DETAILS**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other:		Surname:	First Name:
Address:		Date of Birth: / / (dd/mm/yyyy)	
Email:		TRN:	
Telephone:		ID TYPE:	ID #:

**EMERGENCY CONTACT**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other:		Surname:	First Name:
Address:		Relation:	
Telephone		Email:	

**COURSE PURSUING**

Course: <input type="checkbox"/> Culinary Management <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Baking & Pastry <input type="checkbox"/> Other, please specify _____
Expected Start Date:

I understand that Culinary Institute of Jamaica may postpone or cancel the start of a course due to under-enrollment.

## QUALIFICATIONS

NOTE: Certified documentary evidence must be submitted.

Name of Institution	Qualification or Award (include subjects and grades achieved where applicable)

## RELEVANT WORK EXPERIENCE

List any relevant work experience.

Employer/Institution	Dates	Position/Duties

## DECLARATION

I hereby certify that I have read and understand the instructions and the information necessary for completing this application form and that all statements made are true and complete. I understand that making false or fraudulent statements on this application form may result in cancellation of my application and/or admission by the Institute.

Signature of Applicant:

Date:    /    /  
(dd/mm/yyyy)

## FOR OFFICE USE ONLY

Application Fee Received: \$

Date Received:

Required Documents:  1 Passport-Size Photograph     1 Recent Recommendation     TRN  
 National ID     Proof of Qualifications     Food Handler's Permit

Additional Statement: