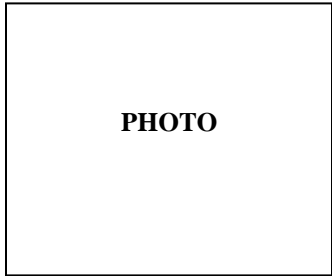




SAM SHARPE TEACHERS' COLLEGE
P.O. Box 40, Granville, St. James. Tel. 952 – 4000-2



Form of Application
ENTRY TO TEACHERS' COLLEGE

PLEASE COMPLETE ALL REQUIRED FIELDS. INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.

SECTION A - PERSONAL DATA

1. Mr.
Mrs.
Miss _____
(Last) (First) (Middle) (Maiden)
(PLEASE PRINT)
2. Date of Birth _____ 3. Gender _____ 4. Marital Status _____
5. Tax Registration Number (TRN): _____ 6. Nationality _____
7. Contact #s: _____ 8. Email Address _____
***You WILL BE contacted via email. Therefore, we ask that an e-mail address be entered in the required field above.**
9. (a) Home Address: _____
(b) Mailing Address (if different from home address): _____

10. (a) Name of Parent/Guardian/Next of Kin: _____
(b) Contact #s _____ Email Address: _____

SECTION B – PROGRAMME CHOICE

11. The general entry requirements for the programmes offered are five (5) CXC subjects including English Language and Mathematics at General Proficiency Level, grade 1, 2 (or 3 obtained since 1998), or at GCE 'O' Level grade A, B or C. Subjects for Primary, Early Childhood and Special Education should include a Physical Science subject and either a Social Science an Arts subject. Subjects for School Counselling **MUST** include Social Studies and either Biology or Human and Social Biology. The secondary programmes require a pass of **1 or 2** in the specialist subject area(s).

Please tick the Degree programme that you wish to pursue:

- Bachelor in Education**
Full Time
- Early Childhood
Primary Education
Special Education

- Bachelor in Education**
Part Time
- Early Childhood
Primary Education

- SECONDARY OPTIONS:**
- Science and Mathematics
English Language and Literature
Spanish and English
School Counselling

SECTION C – EDUCATION AND QUALIFICATIONS

12. List institutions attended in the table provided below in chronological order:

Name of Institution	City/Town Address	Country	From	To	No of Years	Qualification

13. NAME OF LAST PRINCIPAL: _____

14. Please list the examinations passed and/or pending in the tables provided below. For each entry, all sections MUST be filled in. Original Examinations Certificates must be presented. *See note below

Subject/s Passed	Exam Body	Level	Grade	Year taken	Institution were Exam was taken

*Exam Body: State whether GCE, CXC, SSC, etc.
 Level: State whether 'A' or 'O' Level; General/Basic Proficiency, National Assessment Level, etc.
 Grade: Give the Grade received in the examination.

Subject/s pending	Exam Body	Year to be taken	Institution Exam was/is to be taken

15. **FOR PART TIME BACHELOR IN EDUCATION APPLICANTS ONLY**

- (a) Are you presently teaching? Yes No
 If no, where are you currently employed? _____
- (b) Do you have any experience as a teacher? Yes No
 If yes, give the name of the institution: _____
 Position that you presently hold: _____
 Position/s previously held: _____
 Subject/s you are presently teaching: _____
 Subject/s you previously taught: _____
- (c) Do you have your employer's support for this programme? _____
(PLEASE ATTACH A STATEMENT FROM YOUR EMPLOYER)
- (d) Intensive courses are held during the days in the summer. Will you be available for these classes? _____
- (e) Will you be available to attend regular classes in the evenings beginning at 5:00pm? _____
- (f) Practice Teaching is an integral part of this programme. Will you be available for this during the programme? _____

SECTION D – SCHOOL AND COMMUNITY INVOLVEMENT

- 16. (a) School Office Held (e.g Head Boy/Girl etc.): _____
- (b) List the school clubs you participated in: _____

- 17. (a) If you have been a member of the Sixth Form or Community College state how long _____
- 18. (a) What other interests and hobbies do you have? _____

- (b) Community and Extra Curricular Activities:
 List below the names of any clubs/societies/groups of which you are an active member:

19. If you have left school, please state what you have been doing since.

SECTION E – GENERAL INFORMATION

20. Have you applied for admission to any other Tertiary Institution this year? YES NO
(a) If YES, state the name of institution _____

(b) What has been the result of the application _____

21. Have you applied to Sam Sharpe Teachers' College before? YES NO
If YES, what year did you apply and what was the result of the application? _____

22. Do you have dependents? YES NO
If YES, who will look after them when you are at classes? _____

23. Does your family approve of you doing this programme? _____

24. How will you finance each year of your college programme? _____

25. In case of emergency whom would you like to be advised?

Name: _____ Contact #: _____

Relation: _____ Address: _____

26. Give the names of two references, (i.e. the Principal of the last school attended, your current employer, a Minister of Religion or a Justice of the peace), who will attest to your suitability to teach.

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Contact # _____ Contact # _____

I acknowledge that the information given in this application is complete and accurate. I understand that making false or fraudulent statements on this application form may result in the denial or cancellation of admission to Sam Sharpe Teachers' College. I also understand that all documents submitted become the property of Sam Sharpe Teachers' College.

Signature: _____ Date: _____

OFFICE USE

Payment Date _____ Received By _____

Processing Fee Paid _____ Receipt # _____