



**THE UNIVERSITY OF THE WEST INDIES
GLOBAL CAMPUS
BARBADOS**

APPLICATION FOR CONTINUING PROFESSIONAL EDUCATION PROGRAMMES AND COURSES

Form A

Please complete all relevant sections of this form in BLOCK letters.

SECTION A - PROGRAMME/COURSE OF STUDY

Academic year	Semester	1 st Choice	2 nd Choice
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SECTION B – PERSONAL DATA

a) Name			
Title	Last Name	First Name	Middle Names (s)
b) Former Name (if applicable)		<input type="checkbox"/> Maiden Name	<input type="checkbox"/> Prior to Deed Poll
Title	Last Name	First Name	Middle Names (s)
c) Have you previously applied to The UWI?		e) If answer to question 4 is yes, please state the following	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	a) Identification Number	b) From (year) c) To (year) d) Campus
d) Have you previously been a student of The UWI?		e) Programme	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
f) Permanent Address: Apt/Street/PO Box		g) Mailing Address: Apt/Street/PO Box	
City/Town/Post Office		Parish/County	
State		Zip/Postal Code Country	
8. Home/Permanent Phone		9. Mailing Address Phone	
() -			
10. Cell Phone		11. Work Phone	
() -		() - Ext	
12. Home/Permanent Phone		13. Email Address	
() -			
14. Gender		15. Date of Birth (yyyy/mm/dd)	16. National ID Number
<input type="checkbox"/> Female	<input type="checkbox"/> Male		
17. Marital Status		18. Religion/Denomination	
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common Law	
<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
19. Country of Birth/National of	20. Country of Citizenship	21. a) Country of Residence	b) Duration (yrs.)
22. Do you have a disability? (This information is needed in case special facilities are required)		b) If yes, please specify	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

23. Emergency Contact Information				
a) Name				
Title	Last Name	First Name	Middle Initial	b) Relationship to Applicant
c) Emergency Contact Permanent address: Apt/Street/PO Box			d) Emergency Contact Home/Permanent Phone () -	
			e) Emergency Contact Cell Phone () -	
City/Town/Post Office		Parish/County		
f) Emergency Contact Work Phone () -				
State	Zip/Postal Code	Country		

SECTION C – FINANCIAL RESOURCES

24. Expected Source of Funding				
<input type="checkbox"/> Government (specify): _____		<input type="checkbox"/> Loan	<input type="checkbox"/> Self	<input type="checkbox"/> Institution of Origin
<input type="checkbox"/> Donor (specify): _____		<input type="checkbox"/> Parents <input type="checkbox"/> Award (specify): _____		
25. Will you be able to meet your financial obligation by the time of acceptance?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION D - EMPLOYMENT INFORMATION

26. Please indicate current employment information (if applicable)				
a) Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) If yes, Indicate the Type of Business		f) Address: Apt/Street/PO Box	
c) Name of Employer (if applicable)				
d) Position				
e) From (yyyy/mm/dd) _____/_____/_____			City/Town/Post Office	Parish/County
			State	Zip/Postal Code Country

SECTION E - DECLARATION

27. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I understand that otherwise my admission to or registration in the University may be revoked. I also understand that I am required to pay all fees before registration unless a current bilateral institutional arrangement makes this unnecessary.		
_____ Signature of Applicant	_____ Signature of Parent/Guardian	_____/_____/_____ Date (yyyy/mm/dd)

FOR OFFICIAL USE ONLY

Documents Received <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Deed Poll <input type="checkbox"/> Transcripts	<input type="checkbox"/> CXC/GCE Certificates <input type="checkbox"/> Referee Reports <input type="checkbox"/> Other (specify): _____
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Please also complete Form B for 12-18 month programmes.

