



**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 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
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**SECTION B – PERSONAL DATA**

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

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

**SECTION C – FINANCIAL RESOURCES**

<b>24. Expected Source of Funding</b>				
Government (specify): _____	Loan	Self	<input type="checkbox"/> Institution of Origin	
Donor (specify): _____	Parents	Award (specify): _____		
<b>25. Will you be able to meet your financial obligation by the time of acceptance?</b>				

**SECTION D - EMPLOYMENT INFORMATION**

<b>26. Please indicate current employment information (if applicable)</b>				
a) <b>Are you self-employed?</b>	b) If yes, Indicate the Type of Business	f) <b>Address:</b> Apt/Street/PO Box		
c) <b>Name of Employer</b> (if applicable)				
d) <b>Position</b>				
e) <b>From</b> (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**

<b>Documents Received</b> <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.*