



**THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS
TRINIDAD AND TOBAGO**

Gordon St., St. Augustine: (227-6736);
Port of Spain & Environs (227-6736 ext 31100); San Fernando (653-5996); Signal Hill, Tobago
(639-2424); Chaguana (227-6736 ext 30507); Mayaro (227-6736 ext 30700); Point Fortin
(648-6523); Email: gordon.street@open.uwi.edu

APPLICATION FORM

Read the application form carefully and complete legibly and accurately. Return the form to any of our offices at Gordon Street, St. Augustine; Government Plaza, Shop #3, Port of Spain; 7-9 Padmore Street, San Fernando; Signal Hill, Tobago; Sookgrim Trace, Off Narsaroo Ramaya Road, Endeavor; Workforce Development Centre, #21-22 Guayaguayare Road, Mayaro; and 21 School Road, Point Fortin.

SECTION A: CHOICE OF SITE/CENTRE AND PROGRAMME

1. CENTRE TO WHICH YOU ARE APPLYING:

ST AUGUSTINE	<input type="checkbox"/>	PORT-OF-SPAIN	<input type="checkbox"/>	SOUTH CENTRE	<input type="checkbox"/>
TOBAGO	<input type="checkbox"/>	CHAGUANAS	<input type="checkbox"/>	POINT FORTIN	<input type="checkbox"/>
MAYARO	<input type="checkbox"/>				

2. PROGRAMME

FIRST CHOICE: _____

SECOND CHOICE: _____

FULL TIME PART TIME

SECTION B: PERSONAL DATA

3. _____

LAST/SURNAME	FORMER SURNAME <i>(if applicable)</i>
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4. _____

FIRST OR GIVEN NAME	MIDDLE NAME
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5. MARITAL STATUS:

SINGLE	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>
WIDOWED	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

6. **GENDER:** MALE FEMALE

7. **DATE OF BIRTH**/...../..... **PRESENT AGE:** _____
(dd / mo / yr)

8. **NATIONALITY:** _____ 9. **COUNTRY OF BIRTH** _____

10. **RELIGION:** _____

11. **DO YOU HAVE A DISABILITY?** YES NO **IF YES PLEASE SPECIFY** _____

12. **MAILING ADDRESS**

13. **TELEPHONE NUMBER: MOBILE** _____

OFFICE _____ **EXTENSION** _____

EMAIL ADDRESS: _____

14. **EMERGENCY CONTACT NAME & NUMBER:** _____

15. Are you a UWI Staff member? YES NO Permanent Contract/Temporary
 Are you a UWI Open Campus Staff member? YES NO Permanent Contract/Temporary Centre
 Are you a dependent of a UWI Open Campus Staff member? YES NO

If yes, please state name of Staff Member _____

16. Have you previously applied to the UWI Open Campus? YES NO
 17. Have you previously been a student at the UWI Open Campus? YES NO
 18. If answer to 17 is YES, state: (a) Period: FROM _____ TO _____ (b) Centre _____
 (c) Programme Followed: (d) Your Student Number: _____
 (1) _____ FROM _____ TO _____
 (2) _____ FROM _____ TO _____
 (3) _____ FROM _____ TO _____

SECTION C: ACADEMIC RECORD

19. List all subjects passed at CSEC General Proficiency and CAPE and GCE 'O' and 'A' Levels

CSEC GENERAL PROFICIENCY/GCE ORDINARY LEVEL

EXAMINING BODY (CSEC, Cambridge, London, etc)	SUBJECTS	YEAR	GRADE	LEVEL

GCE ADVANCED LEVEL/CAPE (Caribbean Examination Council)

20. List academic programmes or examinations for which you are currently preparing or awaiting examination results aimed at improving qualifications. If writing CXC or GCE kindly give Centre No. _____

LEVEL ('O' OR 'A' OR TERTIARY)	EXAMINING BODY (CXC, CAMBRIDGE, LONDON,UWI, etc)	SUBJECT/ PROGRAMME	DATE OF EXAM	Completing requirements for GRADUATION		
				YES	NO	DATE

