

## THE UNIVERSITY OF THE WEST INDIES **OPEN CAMPUS**

**REGISTRY OF STUDENT SERVICES** 

**RECRUITMENT, ADMISSIONS & REGISTRATION** Phone: (868) 662-2002 exts. 2607/2271; Fax: (868) 662-9747 email: admissions@open.uwi.edu

## **APPLICATION FORM FOR CERTIFICATE IN COMMUNITY POLICING**

	SECTION	A – PEI	RSONAL	DATA
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			SECTION I						
1. Name	2					1			
Title	Last Name/Surname		First Name			Middle Na	ame(s)		
2 a) Fo	rmer Name (if applicable)								
Title	Last Name/Surname	First Name		Middle	e Name(s)		b) Type	of Former Nan	ne
THE	Last Name/Sumame	First Maine		WIIduk	(S)				
								Aaiden 🗆	(Prior to) Deed Poll
3 Have	you previously applied to the UV	WI9	5. If answer to question	4 is ves.	please state the fol	llowing:			
			a) Identification Number		b) From (year)	c) To (y	(00r)	d) Campus	
	Yes 🛛 No		a) Identification Number		b) I folli (year)	c) 10 (j	(car)	u) Campus	
	you previously been a student at	t the UWI?	e) Programme						
	Yes INO								
6 a) Porr	manent Address: Apt/Street/PO I	Box		7 a) Ma	iling Address (if dif	ffarant from 6	a. Ant/S	Street/PO Box	
0. <i>a)</i> 1 en	manent Address. Apristice/101	DUX		7. a) 1 <b>41</b> a	ining Address (ii di		). Apus	Succession O Dox	
City/7	Fown/Post Office/Post Office Pa	rish/County		City/Town/Post Office Parish/County					
City/1	i own/i ost office/i ost office i a	uisii/County		enty/rown/rost office ransh/county					
~		~					~		
State	Zip/Postal Code	Country		Sta	te	Zip/Postal	Code	Country	
b) Name	e of Contact (if any)			b) Na	me of Contact (if a	uny)	c) A	Active Dates (if	applicable)
							Fr	/ /	То / /
8. Home	e/Permanent Phone			9. Ma	iling Address Pho	ne		<u>i</u> i	
(					)				
( 10. Cell I	) -			( 11 W/	rk Phone	-			
10. Cen i	none			11. •••					
(	) -			(	)	-		E	Ext:
12. Fax N	Number			13. En	nail Address				
(	) -								
14. Gend	er			15. Da	te of Birth (yyyy/n	nm/dd)	16.	Tax Number/N	National ID
וחו	Female 🛛 Male				/ /				
	tal Status			18. Rel	igion/Denominatio	n			
🗆 🗆 Si	ingle 🛛 Married		Common Law		a				
$\Box_{\rm Le}$	egally Separated Divorce		□ Widowed						
19. Coun	try of Birth/National of		20. Country of Citizens	hip		21. a) Cou	ntry of	Residence	b) Duration (yrs.)
22.5					10 1	:0			
· · · · ·	you have a disability? (This inform		in case special facilities are requi	red) b	If yes, please spe	city			
□ Y	les 🗌	No							
			SECTION B – AC.	ADEMI					
23 a)Aca	idemic year	24 I	evel of Study	NULWI		5. Applica	nt Type		

	Undergra	iduate 🛛 Graduate	□ Special Admission □ Occasional
26. Open Campus Site			
27. Please list the courses you	wish to take at the UWI:		
Course Code	Course Title	Course Code	Course Title

SECTION C – ACADEMIC RECORD 28. Please list educational institutions attended and any other programmes or courses you have taken, beginning with the most recent.

Institution Name & Address	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (e.g. Cert/Dip/Deg)	Subject Area/Major	Class of Award/GPA
	/	/			
	/	/			

	/				
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29. List all subjects passed	l at CXC (CSEC) Ge	eneral Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels		
	CXC	(CSEC) General Proficiency and GCSE Ordinary Level subjects passed		
Examining Body (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mm/yyyy)
	CXC (CAPE) U	Init 1 & Unit 2 and GCSE Advanced Subsidiary & <u>Advanced L</u> evel subjects passe	d	

	SECTION D – FINANCIAL RESOURCES								
30	. Expected Source of Funding								
	Government (specify):	🗆 Loan	□ Self	□ Institution of Origin					
	Donor (specify):	□ Parents	Award (specify):						
31	. Will you be able to meet your financial obligation by the time	ne of acceptance?							
	□ Yes □ No								

# SECTION E - EMPLOYMENT INFORMATION

			10110						
32	2. Please indicate current employment information (if applicable)								
a)	Are you self employed?	b) If yes, Indicate the Type of Business	f)	Address:	Apt/Street/PO E	Box			
	□ Yes □ No								
c)	Name of Employer (if applic	able)							
d)	Position								
e)	From (yyyy/mm/dd)			City/Tow	n/Post Office		Parish/C	County	
	<u> </u>	-		State		Zip/Postal	Code	Country	

### SECTION F - DECLARATION

33. 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.

Sign	nature of Applicant		Date (yyyy/mm/dd)				
		EOD OFFIC	IAL USE ONLY				
Doc	uments Received	FOR OFFIC.	Original Documents Returned				
	Application Fee	Receipt no.:	C .				
	Birth Certificate						
	Marriage Certificate						
	Deed Poll		Approved	□ Not Approved			
	Transcripts						
	CXC/GCE Certificates						
	Referee Reports			/ /			
	Other (specify):		Signature of University Officer	Date (yyyy/mm/dd)			