



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

Gordon St., St. Augustine: ();  
Port of Spain & Environs (227-6736 Ext: 31100); San Fernando (227-6736 Ext: 31501); Signal Hill,  
Tobago 227-6736 Ext: 39800); Chaguanas (227-6736 Ext: 31927/8); Mayaro (); Point Fortin  
(227-6736 Ext: 3100); 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> |
|--------------|---------------------------------------|

4. \_\_\_\_\_

|                     |             |
|---------------------|-------------|
| FIRST OR GIVEN NAME | MIDDLE NAME |
|---------------------|-------------|

**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<br>(CSEC, Cambridge,<br>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<br>'A' OR<br>TERTIARY) | EXAMINING BODY<br>(CXC, CAMBRIDGE,<br>LONDON, UWI, etc) | SUBJECT/<br>PROGRAMME | DATE OF<br>EXAM | Completing requirements for<br>GRADUATION |    |      |
|--------------------------------------|---|-----------------------|-----------------|---|----|------|
|                                      |   |                       |                 | YES                                       | NO | DATE |
|                                      |   |                       |                 |   |    |      |
|                                      |   |                       |                 |   |    |      |
|                                      |   |                       |                 |   |    |      |
|                                      |   |                       |                 |   |    |      |
|                                      |   |                       |                 |   |    |      |



