

SHEQ Institute Limited

T.E.C.U. Building, #81-83 Southern Main Road, Couva

Telephone/Fax: 1-868-679-8219

Email: sheqinstitutett@gmail.com

APPLICATION FORM

INSTRUCTIONS:

1. Complete form in BLOCK LETTERS, LEGIBLY and ACCURATELY.
2. Forms will **NOT** be processed if (i) **Incomplete** (ii) **Relevant documents are not attached.**
3. Submit completed Application Form to the Administrative Desk/Student Support Desk.
4. A non-refundable application fee for the selected programme must be deposited to the SHEQ account at any RBC branch.

SECTION A – PERSONAL DATA

1. Name:			
_____	_____	_____	_____
Title	Surname	First Name	Middle Name
2. Gender:	3. (i) Date of Birth:	(ii) Age:	4. Nationality:
<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ Year/Month/Day	_____	<input type="checkbox"/> Trinidad & Tobago <input type="checkbox"/> Other (State Country)
5. Marital Status:	<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
6. Permanent Address:		7. Mailing Address:	(If different from 6)
_____		_____	
_____		_____	
_____		_____	
8. Contact Information:			
Cell: _____	Home: _____	Work: _____	Ext. _____
Fax #: _____	Email Address: _____		
9. National I.D. No.	10. Passport No.	11. Driver's Permit No.	
_____	_____	_____	

12. Emergency Contact Information:

(a) Surname _____ First Name _____ Relationship to applicant _____

(b) Address _____

(c) Cell: _____ Home: _____ Work: _____ Ext. _____

Fax#: _____ Email Address: _____

13. Have you previously applied to SHEQ Institute Limited/SRG Ltd.?

(If yes, please state the year and the period, e.g. 2015 Sept.)

Yes No Year: _____ Period: _____

14. Have you previously been a student at SHEQ Institute/SRG Ltd?

(If yes, please state the name of the programme, the period and cohort, eg. Diploma 2015 Cohort 9)

Yes No Programme _____ Year _____ Cohort _____ Student ID# _____

15. Are you a SHEQ/ SRG Ltd Staff Member?

Yes No

16. Are you a relative of a SHEQ/SRG Ltd Staff Member? (If yes, please state)

Yes No

Name of Staff Member _____ Relationship: _____

17. How did you obtain information about SHEQ Institute Limited?

Media Friend SHEQ Student SHEQ Employee

Direct Mail Employer Career Fair Other _____

SECTION B – FINANCIAL RESOURCES

18. Expected source of funding:

Government Employer Self Parents Donor (specify) _____

Scholarship Award (specify) _____

(ii) Tertiary Level (Please include all secondary subjects attempted, whether passed or failed)

Name and Address of Institute	Examining Body (eg. UWI, Anglia Ruskin University)	Subject	Grade Obtained	Date Awarded (month/year)

(iii) Other Qualifications

Name and Address of Institute	Examining Body (eg. UWI, Anglia Ruskin University)	Subject	Grade Obtained	Date Awarded (month/year)

22. Work Experience

Date (eg. Sept. 2012-Sept. 2015)	Job Title/Activity	Employer/Organisation Name & Address	Main Task/Responsibilities

23. Career Goals

Please state the reason for your interest in the programme selected

SECTION E – SPECIAL NEEDS

24. MEDICAL HISTORY

Name of primary care physician/clinic _____ Contact# _____

Please tick the appropriate box for the following:

Have you had any surgeries/significant injuries or hospitalization? Yes No
(If yes, please describe and list the dates) _____

Are you currently on any medications? Yes No
(if yes, please state the medication and the dosage) _____

Are you allergic to any type of foods, substances or medications? Yes No
(If yes, please list) _____

Please indicate in the appropriate box if you have ever been diagnosed/treated for any of the following medical conditions:

- Asthma Diabetes Heart Disease High Blood Pressure Seizures/Blackouts
- Sickle Cell/Anemia/Thalassemia Tuberculosis Anxiety/Depression Migraine/Severe Headaches
- Other (eg. Malaria, Psychiatric Condition)

25. DISABILITY

Do you have a disability? Yes No
(If yes, please tick the appropriate box/boxes)

- Dyslexia Autistic Spectrum Disorder Blind/Partially Sighted Hearing Impairment
- Wheelchair user/Have mobile difficulties Mental Health Difficulties Personal care support necessary
- Other _____

Do you have any chronic disability that requires special consideration for classes and or examination sittings?
 Yes No
(If yes, please provide details):

Note: The Institution may not be able to accommodate all special needs.

SECTION F – DECLARATION BY APPLICANT

26. I hereby certify that the above information I have provided is accurate. I understand that any misrepresentation on my part may result in the rejection of my application or registration by SHEQ Institute Limited. I also understand that non-payment of fees and/or non-return of books and documents will lead to penalties including withholding of grades and certificates.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

Documents Received:

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> CXC/GCE Certificates
<input type="checkbox"/> National Identification Card	<input type="checkbox"/> CAPE Certificates
<input type="checkbox"/> Passport/Driver's Permit	<input type="checkbox"/> Certificates/Transcript
<input type="checkbox"/> Deed Poll/ Affidavit (if applicable)	<input type="checkbox"/> Resume' (mature candidate)
<input type="checkbox"/> Marriage Certificate (if applicable)	<input type="checkbox"/> Proof of Payment/Deposit Slip
<input type="checkbox"/> 4 Passport Size Photos	

Original Documents Returned: Yes No

Signature of Applicant

Date

Signature of Admissions Personnel

Date

Status: _____

Programme: Certificate Diploma Degree

Authorising Signature: _____

Date: _____