

GOVERNMENT OF GRENADA CUBA APPLICATION FORM

RECENT
PASSPORT
PHOTOGRAPH

PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:

1. Applicants must be Grenadian nationals, normally resident in Grenada.
2. To be eligible for selection, applicants must be between the ages of 16 – 25 years and must possess A'levels relevant to the chosen field of study.
3. This form must be completed and returned to the Department of Human Resources (DHR), **NO LATER THAN SEPTEMBER 30. LATE AND/OR INCOMPLETE FORMS WILL NOT BE CONSIDERED.**
4. Applicants must possess a valid passport the number of which must be included in the application form.
5. The application must be accompanied by certified photocopies of the English and Spanish translated versions of all diplomas, certificates and college transcripts, Police Record, Birth Certificates, Medical Certificate and two references.
6. Applicants must keep copies of all documents submitted to this Department as once received they become part of the Department's records and would not be returned.

PERSONAL DATA:

National I.D Number: _____ Phone (or nearest phone): _____

First Name:

Surname:

Birth date (dd/mm/yy):

Sex (M/F) [] Marital Status:

Nationality:

Home Address:
(Street/Village) (Town) (Parish)

Mailing Address
(Street/Village) (Town) (Parish)

Email:

Next of Kin: Relationship:

Address: Phone #:

Passport #: Date of Issue: Expiry Date:

PROGRAMME YOU ARE APPLYING FOR:

Area of Study:

Start Date (dd/mm/yy):

Duration (years):

ACADEMIC QUALIFICATIONS

CXC/GCE

Year	Examining Body	Level	Subject	Grade

A'Level / CAPE

Year	Examining Body	Level	Subject	Grade

HIGHER EDUCATION (Certificate, diploma, etc)

Subjects or Area of Study	Level	Institution Attended	Year Completed
1.			
2.			
3.			

WORK EXPERIENCE (Most recent first):

1. Workplace: _____ Phone: _____
 Position: _____ Status: Permanent Temporary Contract
 Start Date: End Date:
 Duties: _____

2. Workplace: _____ Phone: _____
 Position: _____ Status: Permanent Temporary Contract
 Start Date: End Date:
 Duties: _____

REFERENCES: Name two persons you have identified as referees. **Please attach letters from the persons identified.**

Name	Position	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOMINATION SECTION (FOR PUBLIC OFFICERS)

TO BE COMPLETED BY PERMANENT SECRETARY/HEAD OF DEPARTMENT AND SUPERVISOR

Please indicate whether you recommend the officer for the programme of study/government support, giving reasons for your recommendation.

The applicant is expected to [**Continue**] [**Terminate**] employment with this Ministry/Department.

If continuing, please state expected position:

<input type="text"/>	<input type="text"/>
SUPERVISOR	POSITION

<input type="text"/>	<input type="text"/>	<input type="text"/>
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SIGNATURE

DATE

<input type="text"/>		
PERMANENT SECRETARY/HEAD OF DEPARTMENT		
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE

DATE

This section to be completed by the Permanent Secretary/Head of Department of the Ministry/Department to which the area of study being pursued is most applicable, if not the applicant's current Ministry/Department.

The applicant is expected to **Begin** employment with this Ministry/Department. Yes No

If yes, please state the expected position:

<input type="text"/>
PERMANENT SECRETARY/HEAD OF DEPARTMENT
DATE: <input type="text"/>

SIGNATURE

I certify that all information given on this form is true and accurate. I have enclosed the required documents (Certificates, supporting documents, etc).

Signature of Applicant: _____

Date: