

THE UNIVERSITY OF THE WEST INDIES

ENTREPRENEURSHIP BOOT CAMP REGISTRATION FORM

PLEASE PRINT CLEARLY IN BLOCK LETTERS AND CHECK WHERE APPROPRIATE

SECTION ONE			
IDENTIFICATION AND CONTACT INFORMATION			
Last Name		First Name	
		Middle Name	
Date of Birth		DD	MM
		YYYY	
		Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		Telephone Contact	
Number:		Mobile:	
Street:		Home:	
City:		Work:	
Country:		Other:	
What is your nationality?		National ID/Driver's Permit/Passport Number	
Email Address			
Emergency Contact			
Name	Contact Number	Relationship	
.....	

SECTION TWO	
UNIVERSITY EDUCATION	
Course Name	Department
Faculty	Year of Graduation
Name of Institution	

SECTION THREE			
EMPLOYMENT HISTORY			
Are you currently employed?		If yes, are you employed full time or part time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	
Work Experience			
Job Title	Company	From (MM/YYYY)	To (MM/YYYY)

We would like to know if you have a final project from your degree or a new business idea that you would like to develop via this Entrepreneurship Boot Camp. Please share information on your final project/business idea below.

SECTION FOUR BUSINESS IDEA		
Do you have a final project/business idea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have training in the area of your final project/business idea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have work experience in the area of your final project/business idea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible]

<p style="text-align: center;">SECTION SIX STATEMENT OF VERACITY</p> <p>The statements and information furnished by the undersigned in this application form are true and complete.</p>
<p>My signature certifies that I have read and agreed with the above statement.</p> <p>..... Signature of Applicant</p> <p>Date:</p>

Instructions: Please complete form then pay the registration fee of \$500 to the cashier at either: 1. ground floor Student Administration Building or 2. ground floor Old Student Administration Building at the St. Augustine Campus. When paying the cashier, please quote the Entrepreneurship Boot Camp Project Account # 29109-5507-5405-3. After paying, submit your registration form together with a copy of your receipt to the International Office located on the second floor Student Administration Building.