



**THE DIPLOMATIC ACADEMY OF THE CARIBBEAN
THE UNIVERSITY OF THE WEST INDIES
ST AUGUSTINE**

APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY IN BLOCK CAPITALS.

ENTER DATES IN THE FORMAT YYYY/MM/DD.

**PLEASE RETURN FORM TO:
Diplomatic.Academy@sta.uwi.edu**

TRAINING MODULE: _____

The Diplomatic Academy of the Caribbean is committed to protecting your privacy. We do not sell or disclose any personally identifiable information collected to outside parties. You may update or change information related to your application by contacting us at any time.

NAME		
Prefix: (Mr., Mrs., Miss, Ms., Dr., other-specify)	First:	Middle:
Last Name:		
PERSONAL DETAILS		
Country of Citizenship:		
Date of Birth:	Country of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
PERMANENT ADDRESS		
Mailing Address:		
CONTACT DETAILS		
Telephone:	Primary Email:	Alternative Email:

EMERGENCY CONTACTS	
<i>Identify persons to be contacted in case of emergency.</i>	
Primary Contact Name (Last, First):	Relationship to Applicant:

Email: Diplomatic.Academy@sta.uwi.edu
Telephone: +1(868) 662-2002 Ext: 85362; 85360 or 363-5045

Address:		Phone No.:
Secondary Contact Name (Last, First):	Relationship to Applicant:	
Address:		Phone No.:

MEDICAL INFORMATION
Do you have any physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify which physical disability:
Do you have any food allergies or specific dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify which food allergies or specific dietary needs:

EDUCATIONAL BACKGROUND									
Most advanced educational background: <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate									
Name and Address of Institution	Qualification <i>degrees, certificates or diplomas</i>	Year Earned	Year Expected To Earn	Major(s)/ Area(s) of Research					
LANGUAGE PROFICIENCY									
<i>Please specify and tick the appropriate box.</i>									
Languages spoken:	Speak			Read			Write		
	Proficiency Level			Proficiency Level			Proficiency Level		
	High	Med	Low	High	Med	Low	High	Med	Low
Native language:									
Second language:									
Third language:									
Fourth language:									

EMPLOYMENT	
<i>Enter details on the nature of your employment.</i>	
Category: <input type="checkbox"/> Government Official <input type="checkbox"/> Diplomat <input type="checkbox"/> Politician <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Public Servant <input type="checkbox"/> Academic <input type="checkbox"/> Other _____	Occupational Group: <input type="checkbox"/> Government Ministry <input type="checkbox"/> State Agency <input type="checkbox"/> Nongovernmental Organisation <input type="checkbox"/> Community Based Organisation <input type="checkbox"/> Private Sector <input type="checkbox"/> Civil Society <input type="checkbox"/> Media & Communication <input type="checkbox"/> Student
Job Title: _____	
Institution/Organisation: _____	Address: _____

FEE PAYMENT
<i>Who is expected to pay your fees?</i>
<input type="checkbox"/> Self <input type="checkbox"/> Employer Employer contact: Surname: _____ Name: _____ Designation: _____ Telephone: _____ Email: _____ Employer's declaration: I, the undersigned [Surname, Forename] _____ hereby certify and declare on my honour that the respective fees will be covered by my organisation. Signature: _____ <input type="checkbox"/> Other _____

MOTIVATION	
<i>Briefly indicate your motivation for pursuing this course:</i>	
<input type="checkbox"/> Training & Development <input type="checkbox"/> Employee Training & Skills Acquisition <input type="checkbox"/> Expertise <input type="checkbox"/> Personal Development <input type="checkbox"/> Other	Reasons for motivation: _____

<p>I acknowledge that in case of false declaration, the application will be rendered void.</p> <p>Applicant's Signature: _____</p> <p>Date: _____</p>
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