



Sam Sharpe Teachers' College

APPLICATION FORM



PROGRAMME CHOICE

Please tick the degree programme that you wish to pursue:

B.Ed (two years)

- Early Childhood Education (full-time) Evening full-time
- Primary Education
- Special Education
- School Counselling

PHOTO

Please paste a **recent** passport size picture here

Place the other in an envelope and submit with Application Form

Instructions: This form should be completed using **BLOCK LETTERS** where applicable. This application form duly completed must be returned along with the following documents:

1. Certified copy of educational documents -diploma
2. Certified copy of birth certificate
3. Copy of marriage certificate (**where applicable**)
4. Two passport size photographs (**taken within the last 6 months**)
5. The **originals** of two (2) recent testimonials from:
 - A Minister of religion or Justice of the Peace, **and**
 - The Principal of the last school attended **or**
 - Your last employer
6. The non-refundable Processing fee of JA\$750.00
7. For B.Ed completion applicants, transcript must be forwarded to **Mr. Robert Edwards** at the College from the institution/s previously attended before the application process can be started.

N.B.Incomplete application forms will not be processed. All documents submitted become the property of Sam Sharpe Teachers' College.

TRN: _____ ID#: For office use

Surname: _____ First name: _____

Middle Name: _____ Maiden Name: _____

Gender: Male Female Marital Status: _____

Date of Birth: _____ Nationality: _____

Religion: _____ Denomination: _____

1.0 HOME ADDRESS

Street/District: _____ City/Parish: _____

Country: _____ Email Address: _____

Contact No.: Mobile: _____ Home: _____ Work: _____

1.1 POSTAL ADDRESS (if different from above)

Street/District: _____ City/Parish: _____

Country: _____ Email Address: _____

1.2 NAME OF PARENT/GAURDIAN/NEXT OF KIN

Name: _____ Relation to you: _____
Street/District: _____ City/Parish: _____
Country: _____ Email Address: _____
Contact Nos: Mobile _____ Home: _____ Work: _____

1.3 EDUCATION AND QUALIFICATIONS

List all educational institutions attended and any other programmes or courses you have completed, which you wish to used to satisfy the Matriculation Requirements

Institution Name and Address	From	To	Type of Programme (eg cert/diploma)	Area/Specialization	Class of Award*

* Class of award refers to Pass, Credit, Honours

1.4 EMPLOYMENT HISTORY

Have you ever been employed? Yes No (if no please complete section 1.4.1)

Employer	Position	Location/Address	Date	
			From	To

1.4.1 What have you been doing since if not teaching? _____

FOR ALL APPLICANTS

1.5 ACTIVITIES

Clubs: _____

Offices held: _____ Responsibilities/duties: _____

Hobbies: _____

Do you play a musical instrument? Yes No If yes, please state: _____

1.6 REFERENCES

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

1.7 PERSONAL STATEMENT

Write a statement indicating the reason for your first choice of programme and your choice of this institution.

Empty box for personal statement with horizontal lines.

1.7.1 Does your religion prevent participation in any of the following activities?

- Physical Education: Yes No Music and Movement: Yes No
- Chapel Service: Yes No Daily College Worship: Yes No
- Christmas Lunch: Yes No Graduation: Yes No

If YES, please explain: _____

I hereby certify that I have read and understood the instructions and the information necessary for completing this application. I acknowledge that the information given in this application is complete and accurate, and I understand that making false or fraudulent statements on this application form may result in denial or cancellation of admission by Sam Sharpe Teachers' College. I also promise to comply with the rules and regulations of the institution.

Signature _____

Date _____

For official use only

Documents Received:

- Educational documents
- Birth certificate
- Marriage certificate
- Deed Poll
- Two photographs
- Two testimonials
- Processing fee Receipt no: _____

Documents received by: _____

Date: _____