

G.C. FOSTER COLLEGE OF PHYSICAL EDUCATION & SPORT



STUDENT APPLICATION

ACADEMIC YEAR _____ / _____

FULL TIME

PART TIME

INSTRUCTIONS

1. Read the accompanying information sheet (Summary of Programmes) before completing this form. **DO NOT WRITE IN SHADED AREA.**
2. Complete this Form and return to the Students' Affairs Office, G.C. Foster College of Physical Education & Sport, Angels, Spanish Town, St. Catherine, Jamaica, along with **ACCOMPANYING DOCUMENTS** no later than **MARCH 31ST**.
3. Complete the Form in **BLOCK CAPITALS, LEGIBLY AND ACCURATELY.** Forms not properly filled in will not be processed.
4. A non-refundable application fee of **J\$1000** for all Programmes must be paid at the Accounts Department before collection of application forms.
5. **Failure to submit ALL the required documents will result in your application not being processed.**

REQUIRED DOCUMENTS:

- Certified copy of Birth Certificate
- Two (2) Passport Size Photographs
- Two (2) Recent Recommendations
- Examination Certificate (s)

SECTION 1: PROGRAMME

1. DEGREE (*POST DIPLOMA*) PRE-DEGREE FOUR YEAR TEACHER TRAINING PROGRAMME DIPLOMA IN COACHING
 DIPLOMA IN SPORTS FITNESS INSTRUCTION DIPLOMA IN SPORTS MASSAGE THERAPY

SECTION 2: PERSONAL DETAILS

2. SURNAME _____ 3. MAIDEN NAME _____

4. FIRST NAME _____ 5. MIDDLE NAMES _____

6. GENDER: MALE FEMALE 7. AGE _____ 8. DATE OF BIRTH _____ 9. NATIONALITY _____
YY MM DD

10. MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

11. RELIGION _____ 12. DENOMINATION _____ (No Special Arrangements for religious days)

13. PERMANENT ADDRESS: NUMBER & STREET OR DISTRICT _____ 14. COUNTRY _____

15. CITY/TOWN OR POST OFFICE _____ 16. TELEPHONE _____

17. MAILING ADDRESS (if different from above) NUMBER & STREET OR DISTRICT; PARISH: _____
E-MAIL: _____

18. CITY/TOWN OR POST OFFICE _____ 19. TELEPHONE _____

20. NAME OF PARENT/GUARDIAN/NEXT OF KIN _____ 21. RELATIONSHIP _____

22. PERMANENT ADDRESS: NUMBER & STREET OR DISTRICT _____ 23. COUNTRY _____

24. CITY/TOWN OR POST OFFICE _____ 25. TELEPHONE _____

26. HAVE YOU PREVIOUSLY APPLIED TO G.C FOSTER? YES NO 27. HAVE YOU PREVIOUSLY BEEN A STUDENT AT G.C. FOSTER YES NO

28. IF ANSWER TO 27 IS YES, STATE: (A) PERIOD FROM _____ TO _____

29. PROGRAMME: _____ 29 (a) PLEASE STATE PREVIOUS STUDENT I.D. # _____

30. AWARD(S) RECEIVED: _____

SECTION 3: ACADEMIC RECORD

[DEGREE (POST DIPLOMA) APPLICANTS - SKIP 31 AND PROCEED TO 32]

INSTRUCTIONS: Indicate:

1. Subjects you have passed at CXC, General or Technical Prof., GCE O' and A' Levels, Professional or other Qualifications.
2. Examination record (include exams being taken in June). **A limited number of spaces will be reserved for applicants awaiting results. Certified documentary evidence must be submitted with this form. NOTE: Original documents must not be sent.**

31.

SUBJECTS PASSED	EXAM BODY	MONTH/ YEAR	GRADE OBTAINED	SUBJECTS TO BE TAKEN	EXAM BODY	MONTH /YEAR	GRADE OBTAINED (For Office Use Only)

32. Name of Institution (Secondary School/Community College or other Tertiary Institution)

INSTITUTION	ADDRESS	FROM	TO	TYPE OF AWARD

SECTION 4: SPORTS REFERENCE

[DEGREE (POST DIPLOMA) APPLICANTS - SKIP THIS SECTION AND PROCEED TO SECTION 9]

33. List the sports in which you have participated giving details

FIELD OF SPORTS	FROM	TO	LEVEL OF PARTICIPATION

SECTION 5: SERVICES RENDERED IN THE FIELD OF SPORTS

34. List the Organizations you have served and give details of services rendered

NAME OF INSTITUTION/ORGANIZATION OR GROUP	FROM	TO	SPORTS IN WHICH SERVICE RENDERED

SECTION 6: TRAINING OBJECTIVES

35. Are you interested in: Teaching Sports Administration Coaching

36. List in the order of priority, your choice of sports: 1. _____ 2. _____ 3. _____

SECTION 7: EMPLOYMENT RECORD

[DEGREE (POST DIPLOMA) APPLICANTS ONLY]

37.

INSTITUTION	ADDRESS	FROM	TO

38. Present Occupation: _____ 39. Name of Organization: _____

40. Position Held: _____

SECTION 8: PERSONAL ACHIEVEMENTS

[DEGREE (POST DIPLOMA) APPLICANTS ONLY]

41. List significant professional or personal achievements in Physical Education and Sports.

ACHIEVEMENT	DATE

SECTION 9: SPONSORSHIP AND REFERENCES

42. Give the names and addresses of two (2) referees, one of whom should preferably be from the last school /college/place of employment.

(1)

(2)

43. Sponsorship (Where appropriate) Self Govt. Other

44. Name of Sponsor: _____

45. Declaration by the Employer – For Employed applicants

The Company/Firm/Organization grants the necessary leave of absence for applicant for classes based on academic programme.

.....
Name Title Signature Date

46. Declaration of Sponsor

The Company/Firm/Organization agree to sponsor the applicant for classes based on academic programme by granting the necessary facilities – funding and supervision – for carrying out project work, dissertation, etc., required by the programme.

.....
Name Title Signature Date

47. I hereby certify that I have read and understood the instructions and the information necessary for completing this application, form and that all statements made are true and complete.

.....
Applicant's Signature

.....
Date

FOR OFFICE USE ONLY

FEE RECEIVED \$ _____ DATE RECEIVED _____

ACCOMPANYING ITEMS CHECKED: 2 PASSPORT-SIZE PHOTOGRAPH 2 RECENT RECOMMENDATION

CERTIFIED COPY OF BIRTH CERTIFICATE EXAMINATION CERTIFICATE (S)

ADDITIONAL STATEMENT _____