



SHORTWOOD TEACHERS' COLLEGE
77 Shortwood Road, Kingston 8
Telephone 924-1095-7

OFFICE USE ONLY

Receipt No. _____
() Pictures
() Recommendations
() Academic Certificates
() Other Certificates
() Transcripts

APPLICATION FORM

(Please complete in **BLOCK CAPITALS**)

1. PERSONAL INFORMATION

Surname	First Name	Middle Name	Maiden Name
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GENDER: Male () Female () DATE OF BIRTH: ___ / ___ / ___ AGE: ___
Day Month Year

TRN: _____ MARITAL STATUS: Single () Married () Divorced () Widowed ()

NATIONALITY: _____ PARISH/PLACE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: (H) _____ (C) _____ (W) _____

POSTAL ADDRESS (If different from above): _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: (Name) _____

RELATIONSHIP: _____

ADDRESS: (If different from above) _____

TELEPHONE NUMBERS: (H) _____ (C) _____ (W) _____

<p>a) Are you a STC Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, state:</p> <p>b) Staff Identification Number: _____</p> <p>c) Department: _____</p>	<p>a) Are you a dependent of a STC Staff member? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state the name of the individual and the relationship. _____</p>
<p>Do you wish to live on a Hall of Residence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Boarding is reserved for students who have difficulties commuting. Will you be able to attend this College if residence is not offered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please explain: _____</p>	
<p>How did you obtain information about STC? STC Alumni <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> School/College Fair <input type="checkbox"/> Other: _____ (Please specify)</p>	

Do you have any physical challenges? Yes No

Please specify: (This enables us to make provision should special arrangements be required) _____

SECTION 2 - DEPARTMENT, PROGRAMME & STATUS

AREA OF SPECIALIZATION	PROGRAMME	STATUS	First Preference Major	
1. SECONDARY EDUCATION	<input type="checkbox"/> * B.Ed (4-yrs) <input type="checkbox"/>	Full Time <input type="checkbox"/>	_____	
	<input type="checkbox"/> English Language & Literature	Part Time <input type="checkbox"/>		
	<input type="checkbox"/> French			
	<input type="checkbox"/> Geography	<input type="checkbox"/> * Part-Time B.Ed (5-yrs.) (Early Childhood Only) <input type="checkbox"/>	Part Time <input type="checkbox"/>	_____
	<input type="checkbox"/> History	<input type="checkbox"/> B.Ed (Advanced Credit)		
	<input type="checkbox"/> Human Ecology (formerly Home Economics)	<input type="checkbox"/> Post-Grad Diploma (Professional Studies)	ADMISSION	Second Preference Major
	<input type="checkbox"/> Mathematics	Spring Semester (January) <input type="checkbox"/>	_____	
	<input type="checkbox"/> Religious Education		Fall Semester (August) <input type="checkbox"/>	
	<input type="checkbox"/> Science			
	<input type="checkbox"/> Social Studies	<input type="checkbox"/> * August enrollment ONLY		_____
<input type="checkbox"/> Spanish				
2. EARLY CHILDHOOD EDUCATION				

5. WORK EXPERIENCE

Position	Employer	Street Address	Country	From	To

6. TEACHING EXPERIENCE (Pre-trained or Pre-trained graduate)

Indicate number of years of teaching experience: _____ Grades taught: _____

Subjects taught: _____

7. OCCUPATION SINCE LEAVING SCHOOL

If you have left school and have not been employed, what have you been doing?

8. INTERESTS AND SCHOOL /COMMUNITY ACTIVITIES

Offices held: _____

Sports Involvement: _____

Hobbies: _____

Clubs: _____

Responsibilities: _____

Do you play a musical instrument? _____
(If so, which one?)

9. FAMILY DATA

a. Are there any dependents for whom you are responsible while in College?

If yes, state their names:

b. If yes state age/s? _____

Who will care for him/her while you are in College? _____

10. REFERENCES

Give the names and addresses of three referees below (known for at least 3 years). Referees should not be related to you or share your place of residence.

- 1) Name: _____
Address: _____
Telephone number: _____
Relationship: _____ Occupation: _____
- 2) Name: _____
Address: _____
Telephone number: _____
Relationship: _____ Occupation: _____
- 3) Name: _____
Address: _____
Telephone: _____
Relationship: _____ Occupation: _____

11. RELIGIOUS AFFILIATION

- a. To which religious group do you belong? _____
- b. Does your religion/denomination prevent participation in any of the following activities? _____
- | | |
|---------------------------------|-----------------------------|
| ❖ Christmas Luncheon () | ❖ Physical Education () |
| ❖ Chapel Service () | ❖ Daily College Worship () |
| ❖ Saturday Events () | ❖ Graduation Ceremony () |
| ❖ Music and Movement Course () | |

If you answered YES to any activity listed above, please explain:

12. COLLEGE CHOICE

- a. Have you applied for entry to a Teachers' College prior to this year? _____
- b. Were you successful on any occasion? _____
- c. If your answer to b) is YES, did you complete the programme? _____ If NO, why did you leave?

13. FINANCIAL OBLIGATIONS

Will you be able to meet your financial obligations? Yes [] No []

If yes, please state your source of funding:

[] Government [] Loan [] Parents [] Self

[] Other (Please specify) _____

- (a) I declare that the information given on this application form is accurate and true. I am willing to comply with the rules and regulations which govern the College, and understand that admission to or registration in the College may be revoked if I breach the regulations

Applicant's Signature: _____ **Date:** _____

Where applicable:

- (b) This application is made with my consent, and I will provide the necessary financial and other forms of support necessary to assist my child/ward.

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY

Original Documents Returned by:

Receipt # _____

Signature of Student Affairs Officer: _____

Date: _____

Received by: _____

Signature of Applicant: _____

Date: _____

Official Assessment

(A) Meets matriculation requirement Refer for decision re: matriculation

(B) Assessment Results Pass Fail

Math Proficiency Test Grade given _____

English Proficiency Test Grade given _____

Subject Area Test Grade given _____

(C) Interview Results

Recommended for Admission Not recommended for Admission

Interviewer's Signature _____

Comments: _____

Package prepared by / processed by _____
Students' Affairs Personnel

INFORMATION AND INSTRUCTIONS TO APPLICANTS

1. Applicants must reach the age of 17 years by December of the academic year of entry.
2. Do not hand in original documents with your application form. Make photo copies and show originals for verification.
3. All documents must be received by the College before an interview is conducted.
4. All completed forms must be accompanied by:
 - a. Two recent recommendations,
 - b. Proof of payment of application fee,
 - c. Four (4) passport sized photographs certified as being true copies,
 - d. Copies and originals of birth certificate, marriage certificate (if applicable) and academic qualification.
5. Referees must be drawn from the list below:
 - a. Principal of last school or institution attended
 - b. Medical Doctor
 - c. Last Employer
 - d. Pastor or Minister of the church you currently attend

Please note these must NOT be family members.

Your referee must have known you for at least three (3) years. One must be a professional reference and the other a character reference or testimonial.