

Have you ever been enlisted in any of the SYSPs before?

YES

NO

If "YES" state Programme(s) Name and dates of participation

PROGRAMME	DATE

24. I certify that all the above information given by me is true, complete and correct to the best of my knowledge and belief. I understand that any false statement or the withholding of any relevant information may hinder my eligibility to qualify for or result in my dismissal from, any of the programmes.

SIGNATURE

DATE (dd/mm/yy)

25. This is to certify that I, _____ am the legal Parent/Guardian of _____ and I give my full consent to have him/her enrolled in the SYS/ _____ Programme for the stated period.

SIGNATURE

DATE (dd/mm/yy)

The following section is to be completed if the Trainee is selected for participation in the Programme

Registration

Declaration of Acceptance of Enlistment (Temporary):

I _____ hereby accept the offer of temporary enlistment in the Civilian Conservation Corps for the period _____ to _____ or any such period as may be deemed appropriate by the Administration of the Programme. I am prepared to accept the stipend rate of \$90.00 per day and to abide by the rules and regulations of the Programme as laid out in the Standing Orders for the Civilian Conservation Corps.

TRAINEE'S SIGNATURE

DATE (dd/mm/yy)

WITNESS



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

SPECIALISED YOUTH SERVICE PROGRAMMES (SYSP)

APPLICATION FORM

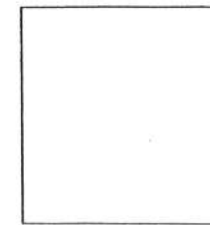
FOR OFFICIAL USE ONLY

Participant No. _____

Name of Authorising Officer (Block Letters) _____

Signature of Authorising Officer: _____

Maiden Name: (if applicable) _____



PHOTOGRAPH

(01) MY-PART (02) MILAT (03) CCC (04) NYS

1. Surname: _____

First Name(s): _____

2. (a) Residential Address:

(b) Postal Address (if different):

Street: _____

Street: _____

Village: _____

Village: _____

Town/City: _____

Town/City: _____

3. (a) Telephone (Home): _____ (xxx-xxxx)

(b) Telephone (Mobile): _____ (xxx-xxxx)

(c) Other Contact No.: _____ (xxx-xxxx)

4. E-Mail Address (if any): _____

5. Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)

6. Sex: Male Female

7. Religion: _____

8. Marital Status: Single Married Common Law

Separated Divorced Widowed

9. (a) Identification: _____ (Select one: ID Card No., Passport No., Drivers Permit No.)

(b) National Insurance Scheme No: _____

(c) Board of Inland Revenue No: _____

(d) Banker: _____

(e) Account No.: _____

10. Description (a) Hair Colour: _____ (b) Eye Colour: _____ (c) Height: _____ (cm)

(d) Blood Type: _____ (e) Ethnicity: _____ (f) Weight: _____ (kg)

(g) Distinguishing Marks: _____

11. (a) Emergency Contact: _____ (b) Relationship: _____

(Mother, Father, Brother, Sister, etc)

(c) Address: _____

(Street)

(Village)

(Town/City)

(d) Telephone (Home): _____ (xxx-xxxx)

(e) Other Contact No.: _____ (xxx-xxxx)

12. (a) No. of Children: None 1-2 3-4 5-6 >6

(b) **Childhood Information** (validation in the form of birth certificates must be shown)

SURNAME	FIRST NAME(S)	SEX <i>(Male/Female)</i>	DATE OF BIRTH <i>(dd/mm/yyyy)</i>

13. **Employment** (List employment over the last three (03) years, most recent first)

ORGANISATION/ COMPANY	EMPLOYER TELEPHONE	START DATE <i>(dd/mm/yy)</i>	END DATE <i>(dd/mm/yy)</i>	POSITION	INCOME

14. **Education**

(a) Highest Education Level Attained (this section must be completed by all applicants):
 Primary Secondary Technical/Vocation Tertiary

(b) Schools Attended:

NAME	ENTRY DATE <i>(dd/mm/yy)</i>	EXIT DATE <i>(dd/mm/yy)</i>	EXAMINATION TAKEN

(c) **Qualifications Achieved/Attained**

(i) **ACADEMIC**

SUBJECT	LEVEL <i>(e.g. General, O, A)</i>	GRADE <i>(e.g. A, I, II)</i>

(ii) **TECHNICAL/VOCATIONAL**

COURSE	AWARD <i>(eg. Certificate, Diploma)</i>

(iii) **TERTIARY**

AREA OF STUDY	LEVEL <i>(PhD, MSc, BSc, Dip)</i>

15. **Additional/Interests / Areas of Study / Training** (an applicant can complete as many as possible)

SUBJECTS/COURSES	LEVEL/AWARD

16. **Hobbies:**

17. **Membership in Social Groups** (e.g. Clubs, Youth Groups, Drama Groups, Cadet Force, etc.)

ORGANISATION/GROUP	DURATION			POSITION(S) HELD
	<6 months	6mths-2yrs	>2 years	

18. **Sports:**

19. Do you have any legal matters pending? YES NO
 If "YES" please explain

20. Have you ever been convicted? YES NO If "YES" give details

CONVICTION	DATE OF CONVICTION <i>(dd/mm/yy)</i>	SENTENCE

21. Disabilities/illnesses/Allergies. YES NO
 If "YES" please explain

22. **Certificate of Medical Fitness**
 I certify that _____ has been medically examined by me and is fit for involvement in extreme physical activities.

MEDICAL OFFICER
MINISTRY OF HEALTH

DATE (dd/mm/yy)

Note: Not valid without an Official Stamp