



JUSTICE TRAINING INSTITUTE
Ministry of Justice

PROGRAMME/COURSE
APPLICATION FOR ADMISSION

INSTRUCTIONS: <ul style="list-style-type: none">• A non-refundable processing fee of \$500 must accompany this application• Print clearly using INK and BLOCK LETTERS (do <u>not</u> write in pencil)• Answer ALL questions• Tick (<input checked="" type="checkbox"/>) boxes, where appropriate• Incomplete applications will not be considered• Submit two (2) passport size photos [<u>not</u> more than six (6) months old]• Submit completed application form and required documents to the JTI * Required documents: Birth Certificate, Marriage Certificate, Exam Certificate(s), Other	FOR OFFICIAL USE ONLY	
	STUDENT ID #:	

SECTION A: PROGRAMME/COURSE INFORMATION			
1. PROGRAMME/COURSE APPLYING FOR:			
2. ACADEMIC YEAR:		3. ATTENDANCE:	<input type="checkbox"/> Day <input type="checkbox"/> Evening

SECTION B: PERSONAL INFORMATION							
4. LAST NAME:			5. MAIDEN NAME:				
6. FIRST NAME:		7. MIDDLE NAME:		8. PREFIX: (MR, MRS, MISS, ETC.)			
9. BIRTH DATE:	month		day		year	10. GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female
11. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____				12. MARITAL STATUS DATE:			
13. RESIDENTIAL ADDRESS:			14. MAILING ADDRESS:				
15. PHONE No. #1:			16. PHONE No. #2:			17. WHATSAPP TELE #:	
18. EMAIL ADDRESS:							
19. COUNTRY OF BIRTH:				20. NATIONALITY:			

SECTION C: PREVIOUS ATTENDANCE AT JTI

21. Have you previously been a student at the JTI? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please state:	22. PROGRAMME/COURSE:	FROM: MONTH & YEAR	TO: MONTH & YEAR

SECTION D: EMERGENCY CONTACT INFORMATION

IDENTIFY PERSONS TO BE CONTACTED IN CASE OF EMERGENCY. IF POSSIBLE, AT LEAST ONE CONTACT SHOULD BE LOCATED IN JAMAICA.

23. PRIMARY CONTACT NAME:	24. RELATIONSHIP TO APPLICANT:
25. ADDRESS:	26. PHONE No.:
27. SECONDARY CONTACT NAME:	28. RELATIONSHIP TO APPLICANT:
29. ADDRESS:	30. PHONE No.:

SECTION E: EDUCATION

31. Enter details of any professional and qualifications, such as degrees, certificates and diplomas; whether at tertiary, secondary, vocational or technical level. For each subject entered, insert either grade or proficiency level.

INSTITUTION	DATE ATTENDED		QUALIFICATION ATTAINED / EXAMINATION TYPE (DEGREE, DIPLOMA, CERTIFICATE, CXC, GCE, ETC.)	SUBJECT	GRADE / PROFICIENCY	YEAR OF AWARD
	FROM: MONTH & YEAR	TO: MONTH & YEAR				

SECTION F: SKILLS & SPECIAL ABILITIES

32. Indicate any expertise you have in specialized areas e.g. Computing, Communicating, Organizing

SKILL	YEAR ACQUIRED	PROFICIENCY LEVEL (TICK)		
		HIGH	MEDIUM	LOW

SECTION G: CURRENT EMPLOYMENT INFORMATION

33. ORGANIZATION/ENTITY:		
34. ADDRESS:		
35. JOB TITLE:		36. TOTAL YEARS WITH ENTITY:

SECTION H: REFEREE INFORMATION

YOU MUST PROVIDE THE NAMES OF TWO (2) REFEREES, ONE OF WHOM SHOULD BE A MEMBER OF YOUR PRESENT ORGANIZATION/ENTITY.

37. NAME (REFEREE #1):	38. INSTITUTION/ORGANIZATION:	39. JOB TITLE:
40. ADDRESS:		43. REFERENCE TYPE: PROFESSIONAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> BOTH <input type="checkbox"/>
41. PHONE:	42. EMAIL:	
44. NAME (REFEREE #2):	45. INSTITUTION/ORGANIZATION:	46. JOB TITLE:
47. ADDRESS:		50. REFERENCE TYPE: PROFESSIONAL <input type="checkbox"/> PERSONAL <input type="checkbox"/> BOTH <input type="checkbox"/>
48. PHONE:	49. EMAIL:	

SECTION I: FEE PAYMENT

51. WHO WILL BE RESPONSIBLE FOR THE PAYMENT OF YOUR FEES? <input type="checkbox"/> SELF <input type="checkbox"/> SPONSOR/ENTITY		
IF SPONSORED, PLEASE HAVE THE RESPONSIBLE OFFICER COMPLETE THE SECTION BELOW:		
52. NAME OF SPONSOR/ENTITY:		
53. ADDRESS OF SPONSOR:		
54. NAME OF AUTHORIZING OFFICER OF THE SPONSOR:		58. OFFICIAL STAMP OF SPONSOR/ENTITY
55. POSITION OF AUTHORIZING OFFICER:		STAMP
56. SIGNATURE OF AUTHORIZING OFFICER:		
57. DATE SIGNED:		

SECTION J: PUBLIC RELATIONS & REACH

59. HOW DID YOU FIRST HEAR ABOUT JTI?

- Newspaper Television Radio Brochure Website
 Employer Word of Mouth Other (please specify): _____

60. HOW DID YOU HEAR ABOUT THE PROGRAMME FOR WHICH YOU ARE APPLYING?

- Newspaper Television Radio Brochure Website
 Employer Word of Mouth Other (please specify): _____

SECTION K: DECLARATION AND SIGNATURE

I declare that the particulars in this application are true to the best of my knowledge and belief and that I am aware that failure to provide true and accurate information may make me ineligible for admission and enrolment or continuation of studies.

Applicant's Signature: _____

Date: _____

N.B. The submission of a completed application does not guarantee a place.

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PROCESSING FEE PAID RECEIPT #: _____ RECEIPT DATE: _____

CERTIFIED DOCUMENTS ATTACHED:

- BIRTH CERTIFICATE TWO (2) PASSPORT SIZE PHOTOS
 MARRIAGE CERTIFICATE DOCUMENT CONFIRMING NAME CHANGE
 EXAM CERTIFICATE X _____ OTHER: _____

REMARKS: _____

SUCCESS AT:

INTERVIEW: ENTRANCE EXAM: SKILLS TEST: OTHER: _____

STATUS:

ACCEPTED: NOT ACCEPTED: PENDING: _____

NAME OF JTI OFFICIAL:

SIGNATURE: