



# COSTAATT

College of Science, Technology & Applied Arts of Trinidad & Tobago

**FOR OFFICIAL USE ONLY**

STUDENT ID #:

## School of Continuing Education and Lifelong Learning

# APPLICATION FOR ADMISSION

PLEASE COMPLETE ALL SECTIONS OF THE FORM INCLUDING 'MARKETING DATA'. Kindly use BLACK OR BLUE INK, OR TYPE and ensure that the form is signed and dated.

Name of Programme: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Campus Choice:  CHAGUANAS CAMPUS  CITY CAMPUS  NORTH LEARNING CENTRE  TOBAGO CAMPUS  
 EL DORADO CAMPUS  SANGRE GRANDE CAMPUS  SOUTH CAMPUS

### 1 PERSONAL INFORMATION - All fields in this section must be completed

#### Name and I.D.

Surname

First Name

Middle Name

Previous Surname (If applicable)

#### Bio-Data

MALE  FEMALE

Age \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth (DD / MM / YYYY)

Trinidad and Tobago Nat. ID #

Passport #

Country of Citizenship

Country of Birth

#### Mailing Address

House #, Street Name or P.O. Box

City / Town

Country

Zip / Post Code

Home Phone

Work Phone

Mobile Phone

Email

#### Permanent Address

House #, Street Name or P.O. Box (If different from mailing address)

City / Town

Country

Zip / Post Code

Home Phone

Work Phone

Mobile Phone

### 2 EMERGENCY CONTACT

Surname

First Name

Phone

Relationship

Address (House #, Street Name or P.O. Box)

Address (House #, Street Name or P.O. Box)

City / Town

Country

Is English your native language?

YES  NO If no, please state

### 3 ACADEMIC RECORD

Have you previously studied at COSTAATT? If yes, please provide Student ID# \_\_\_\_\_ and complete below:

PROGRAMME/COURSE OF STUDY	CAMPUS	DURATION	
		FROM	TO

### SECONDARY EDUCATION

Please enter all subjects you have studied and the results received. If you are currently studying and/or awaiting results, please write 'pending' in the results column and the expected date of completion/results in the relevant column. If necessary, you may continue on a separate sheet.

SCHOOL	EXAMINING BODY (e.g. CXC, Cambridge, etc.)	SUBJECTS	RESULTS	YEAR AWARDED /DATE EXPECTED

### POST-SECONDARY QUALIFICATIONS AND TRAINING (DIPLOMAS, CERTIFICATES, DEGREES)

Transfer students completing this section must supply transcripts of ALL subjects completed at your prior tertiary level institution

COLLEGE/UNIVERSITY	QUALIFICATION AND CLASIFICATION (e.g. BSc./ BBA / PGDip etc.)	EXAMINING BODY (IF APPLICABLE) (ACCA, NEBOSH, PMP, etc.)	RESULTS	YEAR AWARDED /DATE EXPECTED

## 4 PERSONAL STATEMENT/RÉSUMÉ/REFERENCES/OTHER

Applicants to specific programmes are required to submit either a personal statement or a résumé in order to be considered for admission.

### PERSONAL STATEMENTS

The personal statement should address academic background, relevant work or voluntary experience, what you expect to achieve from the programme and where appropriate, career goals. The statement should be submitted on a separate sheet and must not exceed 350 words. Applicants to the Advanced Diploma Ultrasound programme must also state research and professional development goals.

## 5 CONTINUOUS PROFESSIONAL EDUCATION AND REGISTRATION

### PROFESSIONAL REGISTRATION AND LICENSURE

NAME OF REGULATORY BODY	PROFESSIONAL REGISTRATION AND NUMBER	YEAR OBTAINED	REGISTERED CURRENT YEAR	
			YES	NO

### CONTINUOUS PROFESSIONAL EDUCATION

State dates and duration of educational activities undertaken since professional qualification, beginning with the most recent.

DATE	DURATION		EDUCATIONAL ACTIVITY	AWARD/CPD* CREDIT (*CONTINUING PROFESSIONAL DEVELOPMENT)
	FROM	TO		

## 6 WORK EXPERIENCE

Please give details of your current/most recent, paid or voluntary employment (you may tick more than one box). Please continue on a separate sheet if necessary.

Employment Status

- |   |                                    |                                    |                                     |
|---|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> EMPLOYED:      | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> SELF-EMPLOYED: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Retired    |

DURATION		EMPLOYER (NAME AND ADDRESS)	POSITION	DESCRIPTION OF MAIN DUTIES
FROM	TO			

## 7 MARKETING DATA

How did you learn about the programmes/courses offered by COSTAATT? (You may tick more than one box)

### PERSONAL CONTACT

- Work
- Former/Current Student of COSTAATT
- Friends/Family
- Teacher/School/College Fair

### PRINT MEDIA

- Newsletters
- Newspapers
- Magazine
- Brochure/Flyer

### BROADCAST/NEW MEDIA

- Television
- Radio
- Website/Internet
- Social Media

Other (Please state) \_\_\_\_\_

## 8 DECLARATION OF APPLICANT

### Please read carefully before signing

I certify that all information contained in this application is true to the best of my knowledge. I agree to abide by the rules and regulations of COSTAATT. I understand that falsifying any part of this application may result in rejection of the application or termination of my registration with the institution.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS APPLICATION IS NOT CONSIDERED COMPLETE UNTIL THIS DECLARATION HAS BEEN SIGNED AND DATED.**

### COMPLETED APPLICATION FORMS SHOULD BE SUBMITTED TO ANY OF THE FOLLOWING:

- 1. CHAGUANAS CAMPUS**  
Pierre Road Connector, Chaguanas  
Tel: 625-5030 ext 5243
- 2. CITY CAMPUS**  
Bretton Hall Building,  
9-11 Melville Lane, Port of Spain  
Tel: (868) 625-5030
- 3. KEN GORDON SCHOOL OF JOURNALISM AND COMMUNICATION STUDIES (NORTH LEARNING CENTRE)**  
6 Alcazar Street, St. Clair, Port of Spain  
Tel: (868) 628-4600-2 or 625-5030 ext 5060
- 4. ACADEMY OF NURSING AND ALLIED HEALTH, EL DORADO**  
Corner College and St. Cecelia Roads, El Dorado  
Tel: (868) 625-5030 ext 5800
- 5. SANGRE GRANDE CAMPUS**  
121 Eastern Main Road,  
Sangre Grande  
Tel: (868) 625-5030 ext 5650
- 6. SOUTH CAMPUS**  
40-44 Sutton Street, San Fernando  
Tel: (868) 625-5030 ext 5700, 5771,5775-8
- 7. TOBAGO CAMPUS**  
Glen Road #1 Wilson Road, Scarborough, Tobago  
Tel: (868) 625-5030 ext 5600-1

### COSTAATT DATA PROTECTION POLICY

By signing the declaration on this application form, the applicant agrees that the information provided can be used in the following ways:

- To allow the College to process your application for entry;
- To allow the College, a government agency/body, a research institution or accrediting organisation to compile statistics, audit or evaluate programmes or plan future educational provision;
- To allow the College to establish your student record in manual and electronic file formats;
- To assist the College in processing a future application for financial assistance.

### DISCLOSURE INFORMATION

The College undertakes not to disclose the information provided by students to any individual or unauthorised agency except in the following cases:

- The student has agreed to such disclosure in writing;
- The student has disclosed information which the College is asked to confirm;
- The student is between 16 and 18 and is claimed by his/her parents as a dependant for tax purposes;
- The student is in an emergency situation and it is necessary to protect his/her health or the health and safety of others;
- The student is suspected of fraud against the college;
- The student's information is requested under the laws of Trinidad and Tobago by legitimate legal authority and means.

**THE ADMISSION OFFICE THANKS YOU FOR YOUR INTEREST IN THE COLLEGE AND LOOKS FORWARD TO RECEIVING YOUR APPLICATION.**