



CLIMB REGISTRATION FORM

Name of Company: _____

Name of Manager/Director: _____

Date of Birth: __/__/__
D M Y

Company Address: _____

Company Telephone #: _____

Home Address: _____

Home/Cell Telephone #: _____

Assigned District: _____

Email: _____

This section below is to be completed for or by the representative attending the CLIMB Programme.

BASIC INFORMATION

Name: _____
Surname Middle Name First Name

Sex: Male Female Date of Birth: __/__/__
D M Y ID/PP/DP#: _____

Address: _____

Home/Cell Telephone #: _____

Email Address: _____

EDUCATIONAL INFORMATION:

Level of Education:

- Primary School Leaving Certificate
- Secondary (GCSE/CXC/CSEC)
- Advanced Level (A 'Levels/CAPE/Certificate)
- Undergraduate (BA/BSc Degree)
- Postgraduate



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Name of School	Degree/Certificate/Course/CXC Subjects (Please state the number of subjects or the certificate received)	Year

Professional Work Experience (State the most recent first):

Name of Company	Position	Year

Certification and Acknowledgement

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, falsified statements on this Application for the CLIMB Programme will be considered grounds for termination out of the programme.

Applicant signature: _____

Date: _____