



HEART TRUST/NTA GARMEX ACADEMY

TRAINEES SELECTION PROCESS TRAINEES INSTRUMENT FOR TRAINING ENROLMENT

Please answer all questions. If any does not apply write, N/A. Do not leave any blank spaces. Any deliberate attempt to withhold or distort valuable information will automatically lead to your immediate suspension from the institution.

SECTION 1 – PERSONAL DATA

Skill area applied for: _____

1. Name: _____ 2. Date _____

3. CurrentAddress: _____

4. Parish _____

5. Other Address: _____

6. Date of Birth _____ 7. Age _____

8. TRN _____ 9. NIS _____

10. Telephone Number/s _____

11. Mother's Name, Address & Contact Number/s _____

12. Father's Name, Address & Contact Number/s _____

13. Give Name, Address, and Telephone Number of Next of kin _____

14. With whom do you live? _____ For how long? _____

16. Religion _____ 17. Denomination _____

18. Are a PATH Beneficiary? Yes No

SECTION 11 – EDUCATIONAL HISTORY/QUALIFICATION WHAT LOCAL/EXTERNAL EXAMINATION HAVE YOU PASSED?

SUBJECTS/CERTIFICATE	LEVEL	GRADE	SUBJECTS/CERTIFICATE	LEVEL	GRADE

1. Give name and address of your last school _____

2. Have you attended a HEART Trust/NTA institution before? _____

3. If yes, where? _____ 4. Course pursued/Level _____

5. Have you ever been suspended or expelled from school? _____

6. If yes, for what and how long? _____

7. Do you have internet access? Yes No

8. Can you do classes online if necessary? Yes No

SECTION 111 – EMPLOYMENT HISTORY

1. Are you currently employed? Yes No If yes please complete the table below

Name & Address of Employer	Start Date	End Date	Position

SECTION 1V – WELLNESS

3. Are you a member of any group or social club? _____ 4. Name of this _____

5. Have you ever been imprisoned? _____ 6. If yes, where? _____

7. Do you currently have a case in the court? _____ 8. Do you smoke? _____

9. Are you a drug addict? _____

10. Have you ever been supervised by a Probation Officer or a Social Worker? _____

11. If yes, give name and address _____

12. Give name and address of your personal physician _____

13. Are you on any form of medication? _____

14. If yes, state the type of medication _____

15. Are you seeing a doctor on a regular basis _____ 16. How often? _____

17. If yes, what is your complaint? _____

18. Have you ever been hospitalized? _____ 19. If yes, for what cause _____

21. Is there a family illness to which you might be prone? _____ 21. If yes, please state _____

22. Do you have any special needs (physical) that we should know about? _____

23. If, yes explain _____

24. Do you suffer from any of the following? Please write YES or NO on the lines provided

- a) Allergies _____
- b) Asthma _____
- c) Cardiac Arrest (Heart problems) _____
- d) Diabetes (Sugar) _____
- e) Dyslexia (Learning Disability) _____
- f) Epilepsy (Fits) _____
- g) Physical Handicap _____
- h) Severe Depression/Mental Illness _____
- i) Sexually transmitted disease _____
- j) Other (please state) _____

PLEASE COMPLETE EACH SENTENCE BY WRITING THE FIRST THING THAT COMES TO MIND AND FROM NUMBER (37-48) DO ONLY THE SKILL THAT YOU WILL BE DOING

- 25. I like _____
- 26. School _____
- 27. My career goal _____
- 28. I don't like _____
- 29. If I have a choice _____
- 30. My mother _____
- 31. She is _____
- 32. The thing I represent most _____
- 33. I feel _____
- 34. My father _____
- 35. I am confident _____
- 36. GARMEX ACADEMY _____
- 37. Allied Health (If applicable) _____

- 38. Business Management Supervision (If applicable) _____

- 39. Customer Engagement Operations (If applicable) _____

- 40. Customer Service Supervision (If applicable) _____
- 41. Digital Animation (If applicable) _____

- 42. Early Childhood Development (If applicable) _____

- 43. Events Planning (If applicable) _____

- 44. Fashion Designing (If applicable) _____

- 45. Interior Decorating (If applicable) _____

- 46. Nursery Care (If applicable) _____

- 47. Printing & Computer Graphics (If applicable) _____

- 48. Website Designing (If applicable) _____

