



Documents Required

- Birth Certificate
- 3 Passport Size Pictures
- Copy of CSEC/CAPE Results
- Immunization card
- TRN & NIS
- Food Handlers Permit
- Doctor Certificate

**ALLIED HEALTH CARE-PATIENT CARE LEVEL 2
 APPLICATION & PERSONAL DATA FORM**

PERSONAL DATA

NAME

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Surname (family name)

First Name

Middle Name

(Please tick appropriate box)

Mr. Mrs. Miss

DATE OF BIRTH

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MM

DD

YY

TELEPHONE NO. (Student - cellular)

(876) -

TELEPHONE NO. (Student - Home)

(876) -

ALLERGIES &/or DISABILITIES?

Yes No If yes, please specify _____

ADDRESS

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NEXT OF KIN:

Mr. Mrs. Miss _____

EMERGENCY TELEPHONE NO. (cellular)

(876) -

NAME OF PARENT/GUARDIAN/SPONSOR: _____

OCCUPATION: _____

RELATIONSHIP TO STUDENT:

Mother Father Sister Brother Other (please specify) _____

TELEPHONE NO. (Work)

(876) -

WORKPLACE: _____

ADDRESS: _____

APPLICATION FOR (please tick appropriate box)

LAST SCHOOL/INSTITUTION ATTENDED: _____

SUBJECT REGISTRATION

**Allied Health Care-
 Patient Care L2**

NOTE: The Pre-University School is an independent institution and is not a Department or Faculty of the University of the West Indies.

QUALIFICATIONS & EDUCATIONAL BACKGROUND (previous subjects attained: i.e., Professional Certificates etcetera)

#	LEVEL (CSEC or CAPE)	SUBJECTS/CERTIFICATES	YEAR	GRADE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Career Choice # 1: _____

Tertiary institution of 1st choice

Career Choice # 2: _____

Tertiary institution of 2nd choice _____

REFERENCE

NAME OF REFERENCE: *(Someone other than a family member)*

CONTACT NO. *(cellular)*

Mr. Mrs. Miss _____

(876) -

OCCUPATION: _____ **INSTITUTION:** _____

WORK ADDRESS: _____

DECLARATION: *I hereby authorize the Pre-University School to seek information from the above named referee and my institution of previous enrollment with regards to my application process.*

Student's Signature:

Date:.....