

MINISTRY OF YOUTH, SPORTS AND COMMUNITY EMPOWERMENT

Barbados YouthADVANCE Corps

#33 Warrens Industrial Park, Warrens, St. Michael
Tel.: (246) 535-0180 Fax: (246) 535-0203

National Registration Number: _____

National Insurance Number: _____

Last Name First Name Middle Initial (s)

Address

Address

Date of Birth Country of Birth

D M Y

Sex: Male Female Age: _____

Union Status: Single Married Divorced Separated Widowed Common-Law

Number of Children (if applicable): _____

Parent/Guardian

Address

Telephone (home) (work)

Parent/Guardian

Address

Telephone (home) (work)

Educational History	Name of School Attended	Dates Attended	
		From	To
Primary			
Secondary			
Other			

Qualifications:

Subject	Year	Examining Body	Level	Grade

Tell Us About Yourself:

Are you a member of a Youth/Community Group/Sports Club?

Do you have any special interests/hobbies or skills?

Are you presently employed? _____

(If 'Yes', please state whether full-time or part-time)

What Career would you like to pursue? _____

State three alternative choices:

- (1) _____
- (2) _____
- (3) _____

Can you swim? _____

My religion is: _____

I have a disability which is: _____

Please provide the following sizes: (1) Shirt _____

(2) Pants _____

(3) Shoe _____

Medical Questionnaire:

Do you have or have you ever had:

	Yes	No	If Yes, please state the date & duration of illness. Give names and addresses of doctors consulted.
Rheumatic Fever			
Asthma			
Allergies			
Epilepsy			
Diabetes			

Do you have any mental or physical disorders not listed above?

(If Yes, please explain)

Are you allergic to any medication?

(Please list above)

What is your blood type?

Do you follow a special diet? If so, please explain.

This application package also includes two reference forms and the following should be submitted:

- (a) A certified copy of your Birth Certificate
- (b) Certified copies of Qualifications
- (c) A Police Certificate of Character
- (d) A copy of your last School Report
- (e) A Medical Certificate
- (f) Two certified recent passport size photographs

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Application No.: