



**SHORTWOOD TEACHERS' COLLEGE**  
77 Shortwood Road, Kingston 8  
Telephone 924-1095-7

**APPLICATION FORM**  
(Please complete in **BLOCK CAPITALS**)

**OFFICE USE ONLY**

Receipt No. \_\_\_\_\_  
( ) Pictures  
( ) Recommendations  
( ) Academic Certificates  
( ) Other Certificates  
( ) Transcripts  
( ) Semester II Admission

**Section 1 – Applicant details**

Personal details	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> <b>Other (please specify)</b> _____
<b>First name</b>	<b>Middle name(s)</b>
<b>Surname</b>	<b>Maiden Name:</b> _____ <b>AGE:</b> _____
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Date of birth</b>	D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TRN</b>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/>
<b>Nationality:</b>	Parish/Place of Birth _____

**Address details**

**Current residential address**

<b>Address</b>	
<b>Postal address (if different from above)</b>	
<b>COUNTRY</b>	

<b>Telephone number</b>	<b>(H)</b>	<b>(W)</b>	
<b>Mobile number</b>	<b>(C)</b>		
<b>Personal email address (please print very clearly)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Emergency Contact**

<b>Name:</b>	<b>Relationship:</b>
<b>Address if different from above</b>	
<b>Telephone number</b>	<b>( H )</b> _____ <b>( W )</b> _____
	<b>( C )</b> _____

a) Are you a STC Staff Member? Yes <input type="checkbox"/> No <input type="checkbox"/>  b) Department: _____	a) Are you a dependent of a STC Staff member? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please state the name of the individual and the relationship. _____
Do you wish to live on a hall of residence? Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Boarding is reserved for students who have difficulties commuting.</b> Will you be able to attend this College if residence is not offered? Yes <input type="checkbox"/> No <input type="checkbox"/>  If no, please explain: _____	
<b>How did you obtain information about STC?</b>  STC Alumni <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> School/College Fair <input type="checkbox"/> Other: _____ <div style="text-align: right;">(Please specify)</div>	

Do you have any physical challenges? Yes  No

Do you have any chronic health Conditions? Yes  No

Please specify: (This enables us to make provision should special arrangements be required) \_\_\_\_\_

## Section 2 PROGRAMME OFFERING

AREA OF SPECIALIZATION	
B.Ed. – FULL TIME 4 YEARS	B.Ed. PART TIME 5 YEARS
<b>1 SECONDARY OPTIONS:</b>	<b>EARLY CHILDHOOD EDUCATION</b> <input type="checkbox"/>
English Language & Literacy <input type="checkbox"/>	<b>MATHEMATICS</b> <input type="checkbox"/>
English Language & Literature <input type="checkbox"/>	
English Language & Spanish <input type="checkbox"/>	<b>B.Ed. ADVANCED STANDING 2 YEARS</b> <input type="checkbox"/> (Upgrading from Diploma to Degree)
English Language & French <input type="checkbox"/>	<b>SECONDARY EDUCATION</b> <input type="checkbox"/>
Human Ecology (Formerly Home Economic) <input type="checkbox"/>	<b>EARLY CHILDHOOD EDUCATION</b> <input type="checkbox"/>
Geography (Double major) <input type="checkbox"/>	
Geography & History <input type="checkbox"/>	<b>ASSOCIATE DEGREE EARLY CHILDHOOD PART TIME</b> <input type="checkbox"/> <b>3 YEARS</b>
Geography & Social Studies <input type="checkbox"/>	
History & Social Studies <input type="checkbox"/>	<b>POSTGRADUATE STUDIES 18 MONTHS</b> <input type="checkbox"/> <b>Part Time</b>
Modern Languages (Spanish & French) Major/Minor <input type="checkbox"/>	<b>IN- SERVICE</b> <input type="checkbox"/>
Mathematics (Double major) <input type="checkbox"/>	<b>English Languages</b> <input type="checkbox"/>
	<b>Biology</b> <input type="checkbox"/>
<b>Biology</b> <input type="checkbox"/>	<b>Chemistry</b> <input type="checkbox"/>
<b>Chemistry</b> <input type="checkbox"/>	<b>Physics</b> <input type="checkbox"/>
<b>Physics</b> <input type="checkbox"/>	<b>Geography</b> <input type="checkbox"/>

Physical Education (Major) & Physics (Minor) OR Physics (Major) & Physical Education (Minor) (Collaboration with GC Foster College)	<input type="checkbox"/>
<b>Second Preference Major</b> _____	
<b>2 EARLY CHILDHOOD EDUCATION</b>	<input type="checkbox"/>
<b>3 PRIMARY EDUCATION</b>	<input type="checkbox"/>

<b>Mathematics</b>	<input type="checkbox"/>
<b>Primary Education</b>	<input type="checkbox"/>

<p style="text-align: center;"><b>ADMISSIONS</b></p> <p><b>Semester I</b> <input type="checkbox"/> (August)</p> <p><b>Semester II</b> <input type="checkbox"/> (September)</p>	<p style="text-align: center;"><b>STATUS</b></p> <p><b>Full Time</b> <input type="checkbox"/></p> <p><b>Part Time</b> <input type="checkbox"/></p>
<p><b>CAMPUS:</b> Main Campus <input type="checkbox"/>      Guys' Hill <input type="checkbox"/>      Marcus Garvey <input type="checkbox"/></p>	

May Pen Campus <input type="checkbox"/>	<b>Section 3</b>
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### ACADEMIC QUALIFICATION

(CSEC and GCSE ) Ordinary level subjects					
Examining Body (CXC, Cambridge)	Proficiency	Subject	Status (Pass, Sitting, Pending)	Grade I, II, III or A, B, C	Date Awarded (MM/YYYY)
CXC (CAPE) Unit I & Unit II, GCSE) Advanced Subsidiary & Advanced Level Subjects					
Examining Body (CXC, Cambridge)	Proficiency	Subject	Status (Pass, Sitting, Pending)	Grade (I, II, III, IV, V)	Date Awarded (MM/YYYY)


**TERTIARY CERTIFICATION OBTAINED**


**EDUCATIONAL INSTITUTIONS ATTENDED**

Name of School	Street Address	Certification Obtained	From	To

**WORK EXPERIENCE (If applicable)**

Position	Employer	Address	Country	From	To

**TEACHING EXPERIENCE**

Indicate number of years of teaching experience \_\_\_\_\_ Grades taught: \_\_\_\_\_  
 Subjects taught: \_\_\_\_\_

If you have left school and have not been employed, what have you been doing?

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## INTERESTS AND SCHOOL/COMMUNITY ACTIVITY

Clubs/Society: \_\_\_\_\_

Sports Involvement: \_\_\_\_\_

Offices Held: \_\_\_\_\_

## FAMILY DATA

- a. Are there any dependents for whom you will be responsible while in College?

If yes state, the relation to you: \_\_\_\_\_

Who will care for him/her while you are in College? \_\_\_\_\_

## REFERENCES

State the names of and addresses of two referees below (known for at least 3 years). Referees should not be related to you or share your place of residence.

<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Occupation</b>	
<b>Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Occupation</b>	

## RELIGIOUS AFFILIATION/DENOMINATION

- a. To which religious group do you belong?

\_\_\_\_\_

- b. Does your religion/denomination prevent participation in any of the following activities?

- ❖ Christmas Luncheon Yes ( ) No ( )
- ❖ Graduation Ceremony Yes ( ) No ( )
- ❖ Saturday Events Yes ( ) No ( )
- ❖ Music and Movement Course Yes ( ) No ( )
- ❖ Physical Education Yes ( ) No ( )
- ❖ Daily Worship Yes ( ) No ( )
- ❖ Others

**COLLEGE CHOICES**

- a. Have you applied previously for entry to a Teachers College? Yes  No
- b. Were you successful on any occasion? Yes  No
- c. If you were to answer b) is YES, did you complete the programme? Yes  No
- d. If NO why did you leave?

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**FINANCIAL OBLIGATIONS**

Will you be able to meet your financial obligations? Yes [  ] No [  ]

If yes, please state your source of funding:

[  ] Government [  ] SLB/ Loan [  ] Parents [  ] Self

Other please specify \_\_\_\_\_

- (a) I declare that the information given on this application form is accurate and true. I am willing to comply with the rules and regulations which govern the College, and understand that admission to or registration in the College may be revoked if I breach the regulations

**Applicant's  
Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Where applicable:**

- (b) This application is made with my consent, and I will provide the necessary financial and other forms of support necessary to assist my child/ward.

**Signature of Parent/Guardian:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_