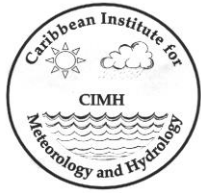


CARIBBEAN INSTITUTE FOR METEOROLOGY AND HYDROLOGY

P.O. Box 130, Bridgetown, Barbados. W.I.



Student Application Form

Section 'A'

(To be completed by Applicant)

COURSE:.....

NAME: Surname:..... Other Names:.....

GENDER: (M/F): **MARITAL STATUS:**.....

DATE-OF-BIRTH:(year).....(month).....(day).....

ADDRESS :

.....

COUNTRY OF BIRTH:..... **NATIONALITY:**.....

EMERGENCY CONTACT:

(Parent/Guardian) Name.....

Address:.....

.....

Telephone No.:.....

<i>Schools attended</i>	<i>Period of attendance</i>

<i>Examining body</i>	<i>Year</i>	<i>Level</i>	<i>Subjects and Grades</i>

Please submit copies of Educational Certificates

COURSES ALREADY TAKEN AT CIMH:

Year

.....

.....

PRESENT OCCUPATION:.....

PRESENT EMPLOYER:.....

PAST WORK EXPERIENCE:

<i>Past Employers</i>	<i>Position</i>	<i>From</i>	<i>To</i>

Signature of Applicant: Date:.....

Section 'B'

(To be completed by Department Head)

COMMENTS:

.....

.....

.....

Signature of Department Head or Chief Training Officer:

Date: