**DEPARTMENT OF ECONOMIC DEVELOPMENT**

**(in collaboration with)**

**The Department of Education**

**along with**

**Saint Lucia Council For Technical Vocational Education And Training (SLCTVET)**

**For the Establishment of the**

**Saint Lucia Workforce Development Centre (WDC)**

**Registration Form**

**For the generation of employment through private sector development**

**(GEPSED) programme**

**PERSONAL DATA**

**Name**: First Middle:

Last:

**Gender**:

* *Male*
* *Female*
* *Other*

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**

* Single
* Married
* Divorced
* Separated
* Other,

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home/Mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District:**  (E.g. Castries, Gros-Islet, Soufriere, Vieux-Fort)

**Tel**: ***(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Email Address:**

**EDUCATION & QUALIFICATIONS**

**Indicate the highest level of Education successfully completed:**

* Infant
* Primary
* Secondary
* Tertiary
* Other

(Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications**

**List certificates that you possess:**

**List any special skills that you possess:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT STATUS:**

* Employed
* Unemployed
* Self- employed
* Underemployed

*If employed, state*

***Occupation:***

***Place of work*:**

***Monthly income range:***

* *More than $1,500*
* *$501-$1500*
* *$250-$ 500*
* *Below $250*

**COURSE CHOICES**

**Course (s) of interest to you. Please indicate your four (4) choices in order of priority.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**FAMILY DATA**

**Family structure**:

* Single Parent
* Nuclear
* Extended
* Sibling Household

**No of children**: \_\_\_\_\_\_\_\_\_\_\_

**Number of persons in the household: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of persons working in the household: \_\_\_\_\_\_\_\_\_\_\_\_**

**Number of persons disabled in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of invalids/destitute in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, contact:**

Name:

Relationship to you:

* Parent
* Spouse
* Sibling
* Friend
* Guardian
* Extended Family
* In Law

Tel: (***Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)***

***Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**SPECIAL NEEDS**

**Do the following apply to you? *Please Tick (√) what applies to you***

**(1). Do you have difficulty seeing, even if wearing glasses?**

* No - no difficulty
* Yes - Some difficulty
* Yes – a lot of difficulty
* Cannot do at all

**(2). Do you have difficulty hearing, even if using a hearing aid?**

* No - no difficulty
* Yes – some difficulty
* Yes – a lot of difficulty
* Cannot do at all

**(3). Do you have difficulty walking or climbing steps?**

* No – no difficulty
* Yes – some difficulty
* Yes - A lot of difficulty
* Cannot do at all

**(4). Do you have difficulty remembering or concentrating?**

* No – no difficulty
* Yes – some difficulty
* Yes - A lot of difficult
* Cannot do at all

**(5). Do you have difficulty (with self-care such as) washing all over or dressing?**

* No – no difficulty
* Yes – some difficulty
* Yes - A lot of difficulty
* Cannot do at all

**(6). Using your usual (customary) language, do you have difficulty communicating, for example** **understanding or being understood?**

* No – no difficulty
* Yes – some difficulty
* Yes - A lot of difficulty
* Cannot do at all

**PROMOTION OF GEPSED PROGRAMME**

**How did you learn of the Generation of Employment and Private Sector Development Programme?**

* TVET’s Office
* Radio
* Television
* Friend
* Social Media
* CARE’s Office
* NELU’s Office
* NAO’s Office
* School Principal
* Social Transformation Officer
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

……………………………… …………………………….

***Signature Date***

***Thank you for your time!!!!!!!!!***

(Derived from the application forms of: Skills to Assess the Green Economy (SAGE), National Enrichment & Learning Unit (NELU), Centre for Adolescent Renewal and Education (CARE), National Council of & for Persons with Disabilities (NCPD))

**For Internal Purposes Only**

**GUIDANCE:**

* Certification
* Employment
* Apprenticeship
* Entrepreneurship

**FINANCIAL ASSISTANCE REQUIRED IN:**

* Assessment Fees
* Tuition Fees
* Certification Fees
* Start-up Capital for Entrepreneurship
* Internship/Stipend
* Salary