



Registration Form

| TRN | Trainee Registration / I.D. Number |
|-----|------------------------------------|
| | |

- I. Please return completed registration to the Registry and Records Management Unit at MIND's Hope campus
- II. Please complete in block capitals.
- III. Please tick (✓) appropriate

1. Programme: _____

2. Start Date of Programme: _____ / _____ / _____
Day Month Year

3. Coordinating Centre: Hope, Kingston

4. Name: _____ / _____ / _____ / _____
Title Last First Middle

5. Gender: Male Female

6. Date of Birth: _____ / _____ / _____
Day Month Year

7. Home Address: _____
Street P.O. Box

_____ City Country

8. Telephone Number(s) (Home): _____ (Cell) _____

9. E-mail Address: _____

10. Mailing Address (if different from 7):

_____ Street P.O. Box

_____ City Country

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Original Draft Date: September 1, 2014

Last Draft Update: December 07, 2018

Next Review Date: (3 yrs from Issue Date)

11. Person to be contacted in the event of an emergency:

Name: _____ Telephone Number _____

Address: _____

Street P.O. Box

City Country

12. Please provide a summary of your formal education to date:

| Institution | Final Year of Study | Level Attained or Certification Received |
|-------------|---------------------|--|
| | | |
| | | |
| | | |
| | | |

13. Present Occupation

Name of Organisation: _____

Position: _____

Address: _____

Street P.O. Box

City Country

Telephone Number Fax Number

14. Have you previously been registered on any programme/course at MIND? Yes No

Signature of Participant: _____ Date: _____



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ISO 9001: 2015 CERTIFIED

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