



CARIBBEAN POLYTECHNIC INSTITUTE

Registration Form

SECTION A

PERSONAL DATA

Full Legal Name: _____
 Other Known Names: _____
 (Maiden name, professional name, nickname, etc.)
 Title: _____ Gender: _____ Date of Birth: _____ Nationality: _____
 Address: _____ Town/Parish/Province _____
 City: _____ Zip Code: _____ Country: _____
 Telephone No. _____ Mobile No. _____ E-mail Address _____

SECTION B

NEXT OF KIN/CONTACT PERSON

Full Legal Name: _____
 Other Known Names: _____
 (Maiden name, professional name, nickname, etc.)
 Relationship: _____ Title: _____ Gender: _____ Nationality: _____
 Address: _____ Town/Parish/Province _____
 City: _____ Zip Code: _____ Country: _____
 Telephone No: _____ Mobile No: _____ E-mail Address: _____

SECTION C

COURSE(S) TO BE PURSUED

COURSE NAME	CODE

SECTION D

QUALIFICATIONS

Secondary Level Completed		Tertiary Level Completed			
School	Examinations Passed	Post Secondary/College	Award	University	Award

SECTION E

EMPLOYMENT DETAILS

Company Name	Job Title	Summary of Work Experience

SECTION F

ENROLLMENT POLICY

- I. Enrollment in all face-to-face programmes, virtual live learning and webinar sessions is on a first-come basis and class sizes are limited. To reserve a space you can register and make payment in full.
- II. If a course or webinar session is full we will place you on the waiting list at no charge. .If space becomes available this will be communicated to you.
- III. Transfer of your space to a qualified person attracts an administrative fee of US\$30.00.

SECTION G

CANCELLATION POLICY

- I. We recognize that cancellations are sometimes necessary. For cancellations made more than 30 days prior to the start of your course, 50% of your tuition will be refunded. Cancellations made within 30 days prior to the start of your course result in forfeiture of your tuition.
- II. If you are unable to complete your course due to illness or natural disaster, please contact the administration office.
- III. If the Caribbean Polytechnic Institute cancels a face-to-face programme, virtual live learning or webinar session, due to low enrollment, instructor illness or other unforeseen circumstances, we will notify you. You may choose to wait on the next scheduled date for the same programme, virtual live learning or webinar session, enroll in another programme (if available with a refund of the difference in cost) or receive a full refund of tuition. Notification of cancellation will normally occur one month prior to the beginning of the workshop; in rare cases, however, it may be less. Caribbean Polytechnic Institute is not responsible for losses incurred on housing, travel or other arrangements.

SECTION H

GREIVANCE POLICY

- I. Students should discuss any misunderstandings and issues regarding enrollment and cancellation with registry personnel.
- II. If unable to come to a mutually acceptable conclusion in keeping with item (i) of this policy, student should make a formal presentation of the issue to the Chief Executive Officer of the Institute

SECTION I
~~~~~ BANKING INFORMATION ~~~~~

I. Account name: Caribbean Polytechnic Institute; Address: 22 B Old Hope Road, Kingston 5, Jamaica, W.I.; Savings Account Number 550 - 2646 - 712 held at the Sagicor Bank, Tropical Plaza, Constant Spring Road, Jamaica

OR

II. Banking Information: Account name: Caribbean Polytechnic Institute; Address: 22 B Old Hope Road, Kingston 5, Jamaica, W.I.; Account number 25467689; held at the Victoria Mutual Building Society, HWT Branch, Jamaica

SECTION J
~~~~~ DECLARATION ~~~~~

I hereby certify that the information given by me on this registration form is true, complete and accurate to the best of my knowledge. I further understand that any fraudulent statement will result in immediate dismissal from the programme. I further understand the Enrollment Policy and Cancellation Policy outlined in sections F, G and H of this document respectively.

Signature of Student: _____ Date _____

SECTION J
~~~~~ FOR OFFICE USE ONLY ~~~~~

Registration fee paid. Yes No

Tuition Fee(s) paid: **Total \$** _____

Date Received _____ Financial Status _____

Officer's Signature _____ Date: _____