



# HOPE YOUTH SUMMER WORK PROGRAMME

6 Collins Green Avenue, Kingston 5 | Tel: (876) 754 9816-8 Facsimile: (876) 754 9820

**ALL SECTIONS MUST BE COMPLETED IN FULL USING BLUE OR BLACK INK  
INCOMPLETE APPLICATION FORM WILL NOT BE PROCESSED**

### REQUIREMENTS:

- Between ages 17-29
- Persons with disAbilities between ages 17-34
- Completed Application form
- Passport size photograph
- Verification of Bank Account
- Resume
- Copy of TRN
- Copy of Birth Certificate
- Copy of School ID
- Copy of Government Issued ID
- Proof of Qualification (*if any*)

**PLEASE ATTACH ONE (1)  
PASSPORT SIZE PHOTO**

### PERSONAL INFORMATION

**1. Name:**     
Last Name First Name Middle Name

**2a. Date of Birth: (dd/mm/yy):** //

**2b. Current Age:** \_\_\_\_\_ **2c. Sex:**  Male  Female

**3. Permanent Address:**   
Street Name & Number

Community/District Parish

**4. Contact Information:** - - -  
Home Phone Mobile 1 Mobile 2

Email Address

**5a. ID Type:**  School ID  Passport  Drivers License  National ID

**5b. ID #:**

**6. TRN:** -- (Mandatory)

**7. Are you a young person with a disability?\*** Yes  No

*If yes, please tick all that apply:*

- Physical disability
  Intellectual disAbility
  Other: \_\_\_\_\_
- Visually impaired
  Deaf

*\*Indication of disability will not result in you being discriminated against but will support your placement.*

### BANKING INFORMATION

**8. THIS SECTION IS MANDATORY AND MUST BE VERIFIED BY BANK BEFORE AFFIXING SEAL**

**Banking Institution:** \_\_\_\_\_

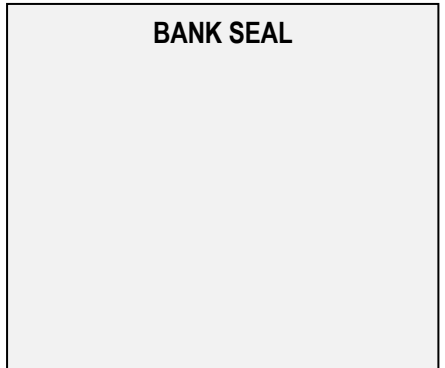
**Account Number:**

**Name on Account:** \_\_\_\_\_  
First Name Middle Name Last Name

**Branch Name:** \_\_\_\_\_

**Branch Number:** \_\_\_\_\_

**Transit Number:** \_\_\_\_\_



### ACADEMIC PROFILE

**9. Please indicate your current level of education:**  Secondary  Sixth Form  Tertiary  Vocational Training  
 Other: \_\_\_\_\_

**10. How many CSEC Subjects did you pass?**  None  Less than 3 subjects  3 or more subjects

**11. Are you currently in school/ training:**  Yes  No

**12. Are you a High School Graduate?**  Yes  No If yes, state year: \_\_\_\_\_

## EMERGENCY CONTACT

**13. In the event of an emergency please notify:**

**Emergency Contact 1:**

Name:    
Last Name First Name

Relationship:  Contact Number(s):  -  /  -

**Emergency Contact 2:**

Name:    
Last Name First Name

Relationship:  Contact Number(s):  -  /  -

## MEDICAL HISTORY

**14. Do you have any known medical conditions or allergies?**  Yes  No

*If yes, please state:* \_\_\_\_\_

## PERSONAL INTEREST AND SKILLS

**15. Please select preferred placement phase:**  June  July  August

**16. Please state preferred placement site\*:** \_\_\_\_\_  
\*Suggested placement site is not guaranteed but will help support your placement.

**17. Please state your career interest:** \_\_\_\_\_

**18. Are you computer literate?**  Yes  No

**19. Do you have a Food Handler's Permit?**  Yes  No

**20. Do you have any vocational skills (eg. mechanics, carpentry, housekeeping, masonry, cosmetology, etc.)**  Yes  No  
*If yes, please state your skill(s):*

\_\_\_\_\_

**21. Please state any major volunteer activity you have participated in:** \_\_\_\_\_

\_\_\_\_\_

**22. What do you expect to gain from the programme?** \_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

**23. How did you learn about the HOPE Youth Summer Work Programme? (Tick all that apply)**

School  Radio  Internet  Newspaper  Family/Friend  Social Media

Other: \_\_\_\_\_

**24. Have you ever participated in any National Youth Service Programme/ Training?**  Yes  No

\_\_\_\_\_ \_\_\_\_\_  
Name of Programme/ Training Year(s) of participation

## DECLARATION

I, the undersigned, declare that the above information given in this application is correct to the best of my knowledge. I am aware that any false or misleading information will result in my application being automatically rejected.

I further declare that I have attached all the required supporting documents and acknowledge that failure to submit same with a fully completed application form will result in my application being delayed or rejected.

By completing this form, I agree to the forwarding of compensation gained from the HOPE Youth Summer Work Programme to the account stated in this application, and have granted the administrators of the programme permission to use any images captured for marketing purposes.

\_\_\_\_\_  
Signature of Applicant Date of Declaration

The administrators of the HOPE Youth Summer Work Programme reserves the right to assign participants in June, July or August based on available placements. THANK YOU FOR YOUR APPLICATION.