



**MEDICAL HISTORY**

17. Do you have any medical conditions or allergies?  Yes  No

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

**PERSONAL INTEREST AND SKILLS**

18. Select 3 preferred areas of interest from the listing of Core Programmes

|                          |                                      |                          |                                 |
|--------------------------|--------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Document Management and Digitization | <input type="checkbox"/> | Environmental management        |
| <input type="checkbox"/> | Geographic information Systems       | <input type="checkbox"/> | Infrastructure and Construction |
| <input type="checkbox"/> | Design and Apparel Manufacturing     | <input type="checkbox"/> | Hospitality                     |
| <input type="checkbox"/> | Vector Control                       | <input type="checkbox"/> | Farmer Registration and Audit   |
| <input type="checkbox"/> | Free Zone Audit                      | <input type="checkbox"/> | Free Zone Clerical              |
| <input type="checkbox"/> | Free Zone Supply Chain Mapping       | <input type="checkbox"/> | Other: _____                    |

19. Please state your career interest: \_\_\_\_\_

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

21. Are you computer literate?  Yes  No

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

23. Have you ever participated in a voluntary activity:  Yes  No

24. How did you learn about the National Service Corps – NSC? (Tick all that apply)

School  Radio  Internet  Newspaper  Family/Friend  Social Media  Government Ministry or Agency

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

**GENERAL INFORMATION**

25. Are you currently employed/self-employed?  Yes  No

If yes, please state Job title: \_\_\_\_\_

26. Have you participated in a NSC programme before?  Yes  No

If yes, please state name or place of Employer: \_\_\_\_\_

Year 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 have granted the Government of Jamaica – GoJ and its associated Ministries, Departments and Agencies – MDAs permission to use any image(s) captured for marketing purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Declaration

The Government of Jamaica – GoJ and its associated Ministries, Departments and Agencies – MDAs reserves the right to assign or decline participants to programme spaces based on available placements.

Date Received: \_\_\_\_\_

- Age requirement met
- Birth Certificate (copy)
- One passport size photo
- TRN (copy)
- Government Issued ID (copy)
- Proof of Qualification (copy)
- Bank Verification Form

Application Status:  Complete  Incomplete      Participant Status:  Eligible  Ineligible

Data Entry:  Complete  Incomplete      Placement Code:

Comments: \_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_      Date: \_\_\_\_\_