



# ADVANCED SOLUTIONS TECHNICAL INSTITUTE

Institute of Technological Training of Trinidad & Tobago

## APPLICATION FOR DIPLOMA AND ASSOCIATE DEGREE PROGRAMMES

The accompanying Instruction sheet provides detailed information on the completion of this application form. All applicants are urged to read this information carefully.

### SECTION A – PERSONAL DATA

|  |                   |  |                                   |   |                |                                     |                           |
|--|-------------------|--|-----------------------------------|---|----------------|-------------------------------------|---------------------------|
| <b>1. Name</b>   |                   |  |                                   |   |                |                                     |                           |
| Title  | Last Name/Surname |  | First Name                        |   | Middle Name(s) |                                     |                           |
| 2. a) <b>Former Name (if applicable)</b> <input type="checkbox"/> Maiden <input type="checkbox"/> Prior to Deed Poll   |                   |  |                                   |   |                |                                     |                           |
| Title  | Last Name/Surname |  | First Name                        |   | Middle Name(s) |                                     |                           |
| 3. <b>Have you previously applied to ASTI?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |  |                                   | 5. <b>If answer to question 4 is yes, please state the following:</b>   |                |                                     |                           |
| 4. <b>Have you previously been a student at ASTI?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |  |                                   | a) ASTI Identification Number   |                | b) From (year)                      | c) To (year)              |
|  |                   |  |                                   | d) Campus   |                |                                     |                           |
|  |                   |  |                                   | e) Programme  |                |                                     |                           |
| 6. a) <b>Permanent Address:</b> Apt/Street/PO Box  |                   |  |                                   | 7. a) <b>Mailing Address</b> (if different from 6): Apt/Street/PO Box   |                |                                     |                           |
| City/Town/Post Office  |                   |  |                                   | Parish/County   |                | City/Town/Post Office               |                           |
| State  |                   |  |                                   | Zip/Postal Code   | Country        |                                     | State                     |
|  |                   |  |                                   |   |                |                                     |                           |
| b) <b>Home/Permanent Phone</b><br>( ) -  |                   |  |                                   | b) <b>Mailing Address Phone</b><br>( ) -                                |                | c) <b>Name of Contact</b> (if any)  |                           |
| c) <b>Cell Phone</b><br>( ) -  |                   |  |                                   | d) <b>Active Dates</b> (if applicable)<br>Fr ___/___/___ To ___/___/___ |                |                                     |                           |
| d) <b>Fax Number</b><br>( ) -  |                   |  |                                   | e) <b>Work Phone</b><br>( ) - Ext:                                      |                |                                     |                           |
| e) <b>Name of Contact</b> (if any)   |                   |  |                                   | f) <b>Email Address</b>   |                |                                     |                           |
| 8. <b>Sex</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male   |                   |  |                                   | 9. <b>Date of Birth</b> (dd/mm/yyyy)<br>___/___/___                     |                | 10. <b>Tax Number /National ID</b>  |                           |
| 11. <b>Marital Status</b><br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law<br><input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |                   |  |                                   | 12. <b>Religion/Denomination</b>  |                |                                     |                           |
| 13. <b>Country of Birth/National of</b>  |                   |  | 14. <b>Country of Citizenship</b> |   |                | 15. a) <b>Country of Residence</b>  | b) <b>Duration</b> (yrs.) |
| 16. <b>Country of Responsibility for Fees</b> (see Instruction _)  |                   |  | 17. <b>Father's Nationality</b>   |   |                | 18. <b>Mother's Nationality</b>     |                           |
| 19. a) <b>Do you have a disability?</b> (This information is needed in case special facilities are required)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |  |                                   | b) If yes, please specify   |                |                                     |                           |
| 20. <b>Emergency Contact Information:</b>  |                   |  |                                   |   |                |                                     |                           |
| a) <b>Name</b>   |                   |  |                                   |   |                |                                     |                           |
| Title  | Last Name/Surname |  | First Name                        |   | Middle Initial | b) <b>Relationship to Applicant</b> |                           |
| c) <b>Permanent Address</b> Apt/Street/PO Box  |                   |  |                                   | d) <b>Emergency Contact Home/Permanent Phone</b><br>( ) -               |                |                                     |                           |
|  |                   |  |                                   | e) <b>Emergency Contact Cell Phone</b><br>( ) -                         |                |                                     |                           |

|   |                 |               |  |  |  |
|---|-----------------|---------------|--|--|--|
| City/Town/Post Office   |                 | Parish/County |  | f) <b>Emergency Contact Work Phone</b><br>( ) - Ext: |  |
| State   | Zip/Postal Code | Country       |  |  |  |
| 21. a) <b>Are you an ASTI Staff Member?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, state:<br>b) Staff Identification Number: _____<br>c) Campus/NCC: _____<br>d) Department: _____   |                 |               | 22. a) <b>Are you a dependent of an ASTI Staff Member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state:<br>b) Name of Staff Member: _____<br>c) Relationship to applicant: _____<br>d) Department: _____ |  |  |
| 23. <b>How did you obtain information about the ASTI?</b><br><input type="checkbox"/> ASTI Alumni <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media<br><input type="checkbox"/> School/College Fair <input type="checkbox"/> School Visit <input type="checkbox"/> Other : Please specify _____ |                 |               |  |  |  |

**SECTION B –PROGRAMME & STATUS**

24. Please state your Associate Degree , Diploma of Choice:    a) First Choice: \_\_\_\_\_  
b) Second Choice: \_\_\_\_\_

**SECTION C – ACADEMIC RECORD**

**25. List all subjects passed at CXC (CSEC) General Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels**

| Examining Body (e.g. CXC, Cambridge)  | Level | Subject | Grade | Date Awarded (mm/yyyy) |
|---|-------|---------|-------|------------------------|
| <b>CXC (CSEC) General Proficiency and GCSE Ordinary Level subjects passed</b>                           |       |         |       |                        |
|   |       |         |       |                        |
|   |       |         |       |                        |
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|   |       |         |       |                        |
|   |       |         |       |                        |
| <b>CXC (CAPE) Unit 1 &amp; Unit 2 and GCSE Advanced Subsidiary &amp; Advanced Level subjects passed</b> |       |         |       |                        |
|   |       |         |       |                        |
|   |       |         |       |                        |
|   |       |         |       |                        |
|   |       |         |       |                        |
|   |       |         |       |                        |

**26. List academic programmes or examinations for which you are currently preparing or awaiting examination results.**

| Examining Body (e.g. CXC, CSEC, UWI) | Level | Subject/Programme | Date of Exam (dd/mm/yyyy) | Grade [official use only] |
|--------------------------------------|-------|-------------------|---------------------------|---------------------------|
|                                      |       |                   |                           |                           |
|                                      |       |                   |                           |                           |
|                                      |       |                   |                           |                           |
|                                      |       |                   |                           |                           |
|                                      |       |                   |                           |                           |
|                                      |       |                   |                           |                           |

**27. List educational institutions attended and any other programmes or courses you have completed, from Secondary school to present.**

| Institution Name & Address | From (mm/yyyy) | To (mm/yyyy) | Type of Programme (e.g. Cert/Dip) | Subject | Grade/Class of Award |
|----------------------------|----------------|--------------|-----------------------------------|---------|----------------------|
|                            | /              | /            |                                   |         |                      |

|  |             |             |  |  |  |
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|  |             |             |  |  |  |
|  | ___/___/___ | ___/___/___ |  |  |  |
|  |             |             |  |  |  |
|  |             |             |  |  |  |
|  | ___/___/___ | ___/___/___ |  |  |  |
|  |             |             |  |  |  |
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|  | ___/___/___ | ___/___/___ |  |  |  |
|  |             |             |  |  |  |
|  |             |             |  |  |  |

28. Please list any sporting/community/cultural or social activities in which you have been involved.

**SECTION D – FINANCIAL RESOURCES**

29. Source of Funding

Government (specify): \_\_\_\_\_  Loan  Self  Institution of Origin

Donor (specify): \_\_\_\_\_  Parents  Award (specify): \_\_\_\_\_

30. Will you be able to meet your financial obligation by August of year of acceptance?

Yes  No

**SECTION E - EMPLOYMENT RECORD**

31. List employment information starting with your current job

|                            |                 |                |  |                            |                 |                |  |
|----------------------------|-----------------|----------------|--|----------------------------|-----------------|----------------|--|
| a) Name of Employer        |                 |                |  | b) Name of Employer        |                 |                |  |
| Position                   |                 |                |  | Position                   |                 |                |  |
| Address: Apt/Street/PO Box |                 |                |  | Address: Apt/Street/PO Box |                 |                |  |
|                            |                 |                |  |                            |                 |                |  |
| City/Town/Post Office      |                 | Parish/County  |  | City/Town/Post Office      |                 | Parish/County  |  |
| State                      | Zip/Postal Code | Country        |  | State                      | Zip/Postal Code | Country        |  |
| From ___/___/___           |                 | To ___/___/___ |  | From ___/___/___           |                 | To ___/___/___ |  |
| c) Name of Employer        |                 |                |  | d) Name of Employer        |                 |                |  |
| Position                   |                 |                |  | Position                   |                 |                |  |
| Address: Apt/Street/PO Box |                 |                |  | Address: Apt/Street/PO Box |                 |                |  |
|                            |                 |                |  |                            |                 |                |  |
| City/Town/Post Office      |                 | Parish/County  |  | City/Town/Post Office      |                 | Parish/County  |  |

|       |                 |         |       |                 |         |
|-------|-----------------|---------|-------|-----------------|---------|
| State | Zip/Postal Code | Country | State | Zip/Postal Code | Country |
| From  |                 | To      | From  |                 | To      |

**SECTION F – REFEREE INFORMATION**

|  |                     |               |                            |                     |               |
|--|---------------------|---------------|----------------------------|---------------------|---------------|
| 32. Name Two Referees (Certificate, Diploma & Mature Applicants for Associate Degrees only) (Recommendation from your employer must accompany application) |                     |               |                            |                     |               |
| a) Name of Referee   |                     |               | b) Name of Referee         |                     |               |
| Name of Organization   |                     |               | Name of Organization       |                     |               |
| Position   |                     |               | Position                   |                     |               |
| Address: Apt/Street/PO Box   |                     |               | Address: Apt/Street/PO Box |                     |               |
| City/Town/Post Office  |                     |               | City/Town/Post Office      |                     |               |
| Parish/County  |                     |               | Parish/County              |                     |               |
| State  | Zip/Postal Code     | Country       | State                      | Zip/Postal Code     | Country       |
| Telephone Number<br>( ) -  | Fax Number<br>( ) - | Email Address | Telephone Number<br>( ) -  | Fax Number<br>( ) - | Email Address |

**SECTION G - DECLARATION**

|  |  |
|--|--|
| 33. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I intend to provide such fees as may be payable to the Institute. I understand that otherwise my admission to or registration in the Institute may be revoked. | 24. This application is made with my consent and I intend to provide such fees as may be payable to the Institute. |
| _____<br>Signature of Applicant  | _____<br>Signature of Parent/Guardian  |
| _____/_____/_____<br>Date (dd/mm/yyyy)   | _____/_____/_____<br>Date (dd/mm/yyyy)   |

**FOR OFFICIAL USE ONLY**

|  |   |
|--|---|
| <b>Documents Received:</b><br><input type="checkbox"/> Application Fee      Receipt no.: _____<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Marriage Certificate<br><input type="checkbox"/> Deed Poll<br><input type="checkbox"/> Transcripts<br><input type="checkbox"/> Academic Qualifications eg. CAPE/CSEC (CXC)/GCE<br><input type="checkbox"/> Referee Reports<br><input type="checkbox"/> Other (specify): _____ | <b>Original Documents Returned:</b><br><br>_____<br>Signature of Applicant      _____<br>Date (dd/mm/yyyy)<br><br>_____<br>Signature of Institution's Officer      _____<br>Date (dd/mm/yyyy) |
|--|---|