



# National Police College of Jamaica

## APPLICATION FOR ASSOCIATES, BACHELORS AND PROFESSIONAL PROGRAMMES

### SECTION A – PERSONAL DATA

<b>1. Name</b>					
Title	Last Name/Surname	First Name	Middle Name(s)		
<b>2. a) Former Name (if applicable)</b>					
Title	Last Name/Surname	First Name	Middle Name(s)	b) Type of Former Name: <input type="checkbox"/> Maiden <input type="checkbox"/> (Prior to) Deed Poll	
<b>3. Have you previously applied to the NPCJ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>5. If answer to question 4 is yes, please state the following:</b>			
<b>4. Have you previously been a student at the NPCJ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		a) Identification Number	b) From (year)	c) To (year)	d) Programme
<b>6. a) Permanent Address:</b> Apt/Street/PO Box			<b>7. a) Mailing Address</b> (if different from 6): Apt/Street/PO Box		
City/Town/Post Office			City/Town/Post Office		
Parish			Parish/County		
<b>b) Contact Number</b>			<b>b) Name of Contact</b> (if any)		
<b>c) Email Address</b>					
<b>8. Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male			<b>9. Date of Birth (dd/mm/yyyy)</b> ____/____/____		<b>10. Tax Number /National ID</b>
<b>11. Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			<b>12. Religion/Denomination</b>		
<b>13. Country of Birth/National of</b>		<b>14. Country of Citizenship</b>		<b>15. a) Country of Residence</b>	<b>b) Duration (yrs.)</b>
<b>16. a) Do you have a disability?</b> (This information is needed in case special facilities are required) <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>b) If yes, please specify</b>		
<b>17. Emergency Contact Information:</b>					
<b>a) Name</b>					
Title	Last Name/Surname	First Name	Middle Initial	<b>b) Relationship to Applicant</b>	
<b>c) Emergency Permanent Address</b> Apt/Street/PO Box			<b>d) Emergency Contact Home/Permanent Phone</b> (       )       -		
			<b>e) Emergency Contact Cell Phone</b> (       )       -		
City/Town/Post Office			<b>f) Emergency Contact Work Phone</b> (       )       -       Ext:		
Parish/County					
State	Zip/Postal Code	Country			
<b>18. How did you obtain information about the NPCJ?</b> <input type="checkbox"/> JCF Force Orders <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> School/College Fair <input type="checkbox"/> School Visit <input type="checkbox"/> Other : Please specify _____					

<b>Programme applying for</b>	
19. First Preference -----	Second Preference -----



**SECTION C – FINANCIAL RESOURCES**

<b>24.Expected Source of Funding</b>			
<input type="checkbox"/> Government (specify): _____	<input type="checkbox"/> Loan	<input type="checkbox"/> Self	<input type="checkbox"/> Institution of Origin
<input type="checkbox"/> Donor (specify): _____	<input type="checkbox"/> Parents	<input type="checkbox"/> Award	
(specify): _____			
<b>25. Will you be able to meet your financial obligation within the agreed time?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION D - EMPLOYMENT RECORD**

<b>26.List employment information starting with your current job</b>					
<b>a) Name of Employer</b>			<b>b) Name of Employer</b>		
Department			Department		
Position/ Rank			Position/ Rank		
Address: Apt/Street/PO Box			Address: Apt/Street/PO Box		
<b>Contact Information:</b>			<b>Contact Information:</b>		
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 ____/____/____

<b>c) Name of Employer</b>			<b>c) Name of Employer</b>		
Department			Department		
Position			Position		
Department			Department		
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 E – REFEREE INFORMATION**

<b>27.Name Two Referees ( must be a senior supervisor, Justice of the Peace, Senior Police Officer, Minister of Religion or School Principal)</b>					
<b>a) Name of Referee</b>			<b>b) Name of Referee</b>		
Name of Organization			Name of Organization		
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
Contact Information:			Contact Information:		

