



The Kenson School of Production Technology Limited  
64-70 & 72-78 Lady Hailes Avenue, San Fernando  
Trinidad & Tobago, West Indies.  
Phone: (868) 657-9226 OR  
(868) 657-2457 Ext. 285, 257, 259  
Fax: (868) 657-0770  
Website Address: [www.kenson.co.tt](http://www.kenson.co.tt)

## Instructions and Information Sheet

### APPLICATION FOR LONG COURSES

1. Applicants must carefully read the instructions before completing the 'Application for Admission'.
2. All applicants must be 18 years old on or before September 1<sup>st</sup> of the year program/course commencement.
3. Please use **BLOCK LETTERS** for all sections of the Application for Admission.
4. The Application for Admission must be submitted with the following:
  - a. A non-refundable application fee of TT100.00;
  - b. One copy of the applicant's birth certificate;
  - c. One copy of **ALL RELEVANT** academic and technical qualification certificates.
5. Applicants must present **ORIGINAL** certificates when called for interview.
6. Application forms must be returned by hand to:

#### Senior Assistant Registrar, Admissions

The Kenson School of Production Technology Limited  
64-70 and 72-78 Lady Hailes Avenue, San Fernando  
Trinidad and Tobago, West Indies.

# KSPT Course Registration Form



## Personal Information

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Nationality

Gender            M        F  
                         O        O

## Residential Address:

\_\_\_\_\_  
Street, Village

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Country

## Mailing Address: (if different from above)

\_\_\_\_\_  
Street, Village

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Country

## Contact Details:

\_\_\_\_\_  
Telephone (Home) Number

\_\_\_\_\_  
Telephone (Work) Number

\_\_\_\_\_  
Telephone (Cellular) Number

\_\_\_\_\_  
Email Address

## Personal Information

Please provide copies of at least two (2) forms of ID. Original documents must be presented at the interview. Complete the identification number fields which correspond to the ID provided.

\_\_\_\_\_  
National ID Card Number

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Driver's Permit Number

## Medical History

Please declare any medical condition(s) in the fields provided; including details of allergies.

## Medical Condition(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Allergies:

Do you have allergies?    Yes    No  
   O        O

## Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

\_\_\_\_\_  
Contact Full Name

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Street, Village

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone (Home) Number

\_\_\_\_\_  
Telephone (Work) Number

\_\_\_\_\_  
Telephone (Cellular) Number

\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
Email Address

## Course Details

\_\_\_\_\_  
Course ID

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Start Date

Have you previously been enrolled in any KSPT course?

Yes    O        No    O

Would you like to receive newsletters and updates regarding KSPT courses?

Yes    O        No    O

# KSPT Course Registration Form

## Academic / Vocational Qualifications

<b>Tertiary Qualifications</b>	Institution	Award Received	Grade	Year of Award
<b>Technical Qualifications</b>	Institution	Award Received	Grade	Year of Award
<b>GCE Advanced Level and/or CAPE Subjects</b>	School	Subject	Grade	Year of Exam
<b>GCE Ordinary Level and/or CXC Subjects</b>	School	Subject	Grade	Year of Exam

<b>Other Courses/Workshops/ Professional Training</b>	Institution	Course	Year of Award

## Employment History

<b>Employment Record</b>	Organization	Job Title	Period (Year)

### FOR OFFICIAL USE ONLY

DOCUMENTS RECEIVED		RECEIPT INFORMATION	
Birth Certificate		Receipt Number	
Tertiary Certificates		Issued To	
Technical Certificates		Date Received	
Advanced Level Certificate			
Ordinary Level Certificate			

Documents Checked by	
Signature	