



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

SPECIALISED YOUTH SERVICE PROGRAMMES (SYSP)

APPLICATION FORM

FOR OFFICIAL USE ONLY	
Participant No.	
Name of Authorising Officer (Block Letters):	
Signature of Authorising Officer:	



PHOTOGRAPH

(01) MILAT  (02) CCC

1. Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Maiden Name: (if applicable) \_\_\_\_\_

2. (a) Residential Address: Street: \_\_\_\_\_ Village: \_\_\_\_\_ Town/City: \_\_\_\_\_  
 (b) Postal Address (if different): Street: \_\_\_\_\_ Village: \_\_\_\_\_ Town/City: \_\_\_\_\_

3. (a) Telephone (Home): \_\_\_\_\_ - \_\_\_\_\_ (xxx-xxxx) (b) Telephone (Mobile): \_\_\_\_\_ - \_\_\_\_\_ (xxx-xxxx)  
 (c) Other Contact No.: \_\_\_\_\_ - \_\_\_\_\_ (xxx-xxxx)

4. E-Mail Address (if any): \_\_\_\_\_ 5. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

6. Sex: Male  Female  7. Religion: \_\_\_\_\_

8. Marital Status: Single  Married  Common Law   
 Separated  Divorced  Widowed

9. (a) Identification: \_\_\_\_\_ (b) National Insurance Scheme No: \_\_\_\_\_  
 (Select one: ID Card No., Passport No., Drivers Permit No.)

(c) Board of Inland Revenue No: \_\_\_\_\_ (d) Banker: \_\_\_\_\_  
 (e) Account No.: \_\_\_\_\_

10. Description (a) Hair Colour: \_\_\_\_\_ (b) Eye Colour: \_\_\_\_\_ (c) Height: \_\_\_\_\_ (cm)  
 (d) Blood Type: \_\_\_\_\_ (e) Ethnicity: \_\_\_\_\_ (f) Weight: \_\_\_\_\_ (kg)  
 (g) Distinguishing Marks: \_\_\_\_\_

11.(a) Emergency Contact: \_\_\_\_\_ (b) Relationship: \_\_\_\_\_  
 (Mother, Father, Brother, Sister, etc)

(c)Address: \_\_\_\_\_  
 (Street) (Village) (Town/City)

(d) Telephone (Home): \_\_\_\_\_ - \_\_\_\_\_ (xxx-xxxx) (e) Other Contact No.: \_\_\_\_\_ - \_\_\_\_\_ (xxx-xxxx)

12.(a) No. of Children:           None                            1-2                            3-4                            5-6                            >6

(b) Children Information (Validation in the form of birth certificates must be shown)

SURNAME	FIRST NAME(S)	SEX (Male/Female)	DATE OF BIRTH (dd/mm/yyyy)

13. Employment (List employment over the last three (03) years, most recent first)

ORGANISATION/ COMPANY	EMPLOYER TELEPHONE	START DATE (dd/mm/yy)	END DATE (dd/mm/yy)	POSITION	INCOME

14. Education

(a) Highest Education Level Attained (this section must be completed by all applicants):

Primary                    Secondary                    Technical/Vocation                    Tertiary

(b) Schools Attended:

NAME	ENTRY DATE (dd/mm/yy)	EXIT DATE (dd/mm/yy)	EXAMINATION TAKEN

(c) Qualifications Achieved/Attained

(i) ACADEMIC

SUBJECT	LEVEL (e.g. General, O, A)	GRADE (e.g. A, I, II)

(ii) TECHNICAL/VOCATIONAL

COURSE	AWARD (eg. Certificate, Diploma)

(iii) TERTIARY

AREA OF STUDY	LEVEL (PhD, MSc, BSc, Dip)

15. Additional/Interested Areas of Study/Training (all applicants can complete; MY-PART & MILAT applicants **must** complete)

SUBJECTS/COURSES	LEVEL/AWARD

16. Hobbies:

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17. Membership in Social Groups (e.g. Clubs, Youth Groups, Drama Groups, Cadet Force, etc.)

ORGANISATION/GROUP	DURATION			POSITION(S) HELD
	<6 months	6mths-2yrs	>2 years	

18. Sports:

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19. Do you have any legal matters pending? YES  NO   
If "YES" please explain

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20. Have you ever been convicted? YES  NO  If "YES" give details

CONVICTION	DATE OF CONVICTION (dd/mm/yy)	SENTENCE

21. Disabilities/Illnesses/Allergies. YES  NO   
If "YES" please explain

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22. Certificate of Medical Fitness

I certify that ..... has been medically examined by me and is fit for involvement in normal physical activities.

\_\_\_\_\_  
*MEDICAL OFFICER*  
*MINISTRY OF HEALTH*

\_\_\_\_\_  
*DATE (dd/mm/yy)*

**Note: Not valid without an Official Stamp**

23. Other Relevant Information

Have you ever been enlisted in any of the SYSPs before?      **YES**       **NO**

If “YES” state Programme(s) Name and dates of participation

PROGRAMME	DATE

24. I certify that all the above information given by me is true, complete and correct to the best of my knowledge and belief. I understand that any false statement or the withholding of any relevant information may hinder my eligibility to qualify for or result in my dismissal from, any of the programmes.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE (dd/mm/yy)*

25. This is to certify that I, ..... am the legal Parent/Guardian of ..... and I give my full consent to have him/her enrolled in the SYSP/..... Programme for the stated period.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE (dd/mm/yy)*

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*The following section is to be completed if the Trainee is selected for participation in the Programme*

**Registration**

Declaration of Acceptance of Enlistment (Temporary):

I ..... hereby accept the offer of temporary enlistment in the Civilian Conservation Corps for the period ..... to ..... or any such period as may be deemed appropriate by the Administration of the Programme. I am prepared to accept the stipend rate of \$90.00 per day and to abide by the rules and regulations of the Programme as laid out in the Standing Orders for the Civilian Conservation Corps.

\_\_\_\_\_  
*TRAINEE'S SIGNATURE*

\_\_\_\_\_  
*DATE (dd/mm/yy)*

\_\_\_\_\_  
*WITNESS*