



# TOBAGO HOSPITALITY AND TOURISM INSTITUTE

Blenheim, Mt. St. George, Tobago. Tel: (868) 660-2196/2352 | Fax: (868) 660-2197  
www.thti.edu.tt | E-mail: info@thti.edu.tt

## APPLICATION FOR ADMISSION

**INSTRUCTIONS:** Please complete this application form as thoroughly as possible using **BLOCK LETTERS**. Submit completed form and required original documents in person at THTI office or scan and email documents to [info@thti.edu.tt](mailto:info@thti.edu.tt). **A non-refundable fee of \$50.00 is required to complete the application process.**

### ASSOCIATE DEGREE (GATE Approved)

<b>Start Date:</b>	September 20_____	January 20_____
--------------------	-------------------	-----------------

### WHICH PROGRAMME ARE YOU APPLYING FOR?

2 Years Full Time     3 Years Part Time     Pre-Qualifying Programme

<input type="checkbox"/> Culinary Arts
<input type="checkbox"/> Tourism Studies
<input type="checkbox"/> Hospitality Studies
<input type="checkbox"/> Food and Beverage Operations
<input type="checkbox"/> Pre-Qualifying Programme

### PERSONAL DATA (BLOCK LETTERS ONLY)

Surname:	First Name:	Middle Initials:
Date of Birth: (dd/mm/yyyy) / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:
Nationality:		
Home Address:		
Mailing Address (if different from above):		
Contact #: Home	Contact #: Mobile	Email Address:

Name of person to notify in case of an emergency:	Relationship to Student:	Contact #
---	--------------------------	-----------

## MEDICAL HISTORY

Allergies (Please specify):	Current Medication (s):
Are there any other medical issues or history that we should be aware of? (please specify)	
Do you have any learning disabilities? (please specify)	

## EDUCATIONAL BACKGROUND

*(Begin with the Secondary School you attended and continue in chronological order, ending with the institution in which you were last enrolled)*

School/Institution/University	From	To
Qualifications		
School/Institution/University	From	To
Qualifications		
School/Institution/University	From	To
Qualifications		
School/Institution/University	From	To
Qualifications		

## WORK EXPERIENCE (Include Current or Last Employer)

Employer	Position	From	To
Employer	Position	From	To
Employer	Position	From	To
Employer	Position	From	To

## VOLUNTEER AND EXTRACURRICULAR ACTIVITIES

Organization/Group	Position	From	To
Activity & Accomplishments			
Organization/Group	Position	From	To
Activity & Accomplishments			

### PLEASE COMPLETE THIS SECTION FOR MARKETING PURPOSES:

<p>How did you hear about the Tobago Hospitality and Tourism Institute (THTI)?</p> <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> School Fair/Expo <input type="checkbox"/> Other
--

### PERSONAL DECLARATION

**Please Note:** If applicant is younger than 18 years of age, the signature of the applicant's parent or guardian is required.

I hereby certify that I have read and understood 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 my admission to or my registration in the institute may be revoked if any of the information provided is found to be false.	
Signature of Applicant:	Date:
Parent/Guardian's Name:	
Parent/Guardian's Signature:	Date:

### REQUIRED DOCUMENTS

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> National Identification	<input type="checkbox"/> Passport
<input type="checkbox"/> CXC Certificate	<input type="checkbox"/> Other Certificates	<input type="checkbox"/> Two (2) Passport Photos
<input type="checkbox"/> Application Fee of TT\$50: <b>Pay by cash or cheque at THTI office in Tobago OR Deposit payment to First Citizens Bank;</b> Account Name: TOBAGO HOSPITALITY AND TOURISM INSTITUTE; Chequing Account # 2491691, indicate your full name as reference. Scan and email proof of payment to info@thti.edu.tt		
<ul style="list-style-type: none"> <li>• <b>Please note that where applicable, documented evidence of a change in name must be submitted (E.G. Marriage Certificate, Deed poll, Affidavit)</b></li> <li>• <b>Transcripts from Institutions previously attended must be sent directly to the Institute in signed, sealed envelopes.</b></li> </ul>		

## FOR OFFICIAL USE ONLY

Application ID:	Date Received:	Application Fee Included: <input type="checkbox"/> YES <input type="checkbox"/> NO
Program:	Originals Seen <input type="checkbox"/> YES <input type="checkbox"/> NO	Copies Included <input type="checkbox"/> YES <input type="checkbox"/> NO
Accepted: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Interview:	Date of Response:
<b>Authorized Signature:</b>		