



THE MARITIME INSTITUTE OF BARBADOS INC.

REGISTRATION FORM CUSTOMER & ETIQUETTE TRAINING

PLEASE PRINT IN THE SPACE BELOW IN YOUR OWN HAND WRITING

COURSE TITLE: **CUSTOMER & ETIQUETTE TRAINING**

LAST NAME: _____ FIRSTNAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS: _____

MAILING ADDRESS: (if different) _____

D.O.B: _____ MALE FEMALE NATIONALITY: _____ HOME PHONE: _____

CELLPHONE: _____ EMAIL: _____ @ _____

PASSPORT # _____ NATIONAL ID # _____ DRIVER'S PERMIT # _____

EMERGENCY CONTACT PERSON: _____

TEL NO: _____ RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____

EDUCATION

NAME OF PRIMARY SCHOOL: _____ FROM: _____ TO: _____

NAME OF SECONDARY SCHOOL: _____ FROM: _____ TO: _____

COLL/UNIV/BUSI OR TECH. SCHOOL: _____ FROM: _____ TO: _____

QUALIFICATIONS: _____

WORK EXPERIENCE

PLACE OF EMPLOYMENT: _____ FROM: _____ TO: _____

OTHER INFORMATION (e.g. *training*) _____

Please note payment for training is non-refundable.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICIAL USE

DOCUMENTS PROVIDED:

AGE VERIFICATION NATIONALITY VERIFICATION

APPLICATION ACCEPTED YES NO REASON(S) FOR NON ACCEPTANCE _____

GENERAL COMMENTS _____

COUNTER CLERK SIGNATURE _____

REGISTRATION:

COUNTER STUDENT DATE: ____/____/____ COMMENTS _____

COURSE COST \$ _____

DEPOSIT SLIP # _____ RECEIPT # _____ AMOUNT PAID \$ _____ BALANCE DUE \$ _____

FULLY PAID? YES NO

REGISTRATION CLERK SIGNATURE: _____

DATA ENTRY I CERTIFY THAT ALL THE DATA PROVIDED HAS BEEN KEYED ONTO THE SYSTEM

SIGNATURE: _____ DATE: ____/____/____