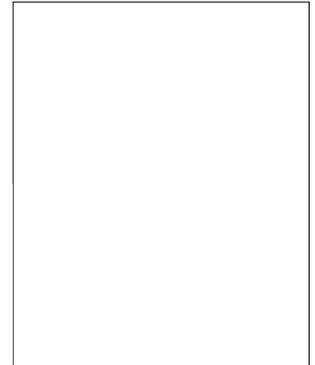




MINISTRY OF  
**FOREIGN AFFAIRS AND  
INTERNATIONAL COOPERATION**  
Cooperative Republic of Guyana



**APPLICATION FORM FOR CERTIFICATE OF  
RECOGNITION OF CARIBBEAN COMMUNITY SKILLS  
QUALIFICATIONS**



**PLEASE FILL OUT THE APPLICATION IN BLOCK LETTERS.**

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARITAL STATUS:**    Single     Married     Divorced     Widowed

**GENDER:**    Male     Female

**TELEPHONE #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

ARE YOU A CARICOM SKILLS CERTIFICATE HOLDER?  YES  NO

IF 'YES', WHICH OF THE FOLLOWING REASONS IS THE CAUSE FOR REAPPLICATION?

STOLEN       UPGRADED QUALIFICATION       LOST /DAMAGED   
NAME CHANGE       MARITAL STATUS CHANGE

**CATEGORY OF SKILLED LABOUR:**

University Graduate       Holder of Associate Degree       Trained Teacher   
Media Worker       Registered Nurse       Musician   
Sportsperson       Artist       Artisan   
Domestic Worker       Agricultural Worker       Private Security Officer

**QUALIFICATIONS**

Qualification	Institution (Name and Address)	Year

**PASSPORT NUMBER:** \_\_\_\_\_

**PLACE AND DATE OF ISSUE:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

I, the undersigned, do solemnly declare that all the statements made in this application are true.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

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