



Application Form

Furniture Making Level 2 N/CVQ Training & Certification Course

Offered by the Barbados Vocational Training Board

In partnership with CBTF and BIDC

1. Full Name (*Capitals*) Mr./Miss/Mrs./Ms.:
2. Address:
3. Telephone No.: 4. Cell No.:
5. E-mail Address:
6. Date of Birth: 7. Nat. I.D. No.:
8. Non-National: Specify Immigration Status: 0 – 5 years () Over 5 years () Resident Status ()
9. Level of Education: GCE () CXC () School Leaving () Other ()
10. Previous Furniture Training:
 - Institution: From: (Year) To: (Year)
 - Certification Received:
 - Institution: From: (Year) To: (Year)
 - Certification Received:
11. Do you understand this program will run for seven (7) months and there will be continuous assessment.
Do you agree to attend all sessions and complete the entire program? YES NO Initial:
12. In case of Emergency, please notify:
 - Name:
 - Address:
 - Telephone No.: (Home) (Work)
 - (Cell)



13. I agree to respect the Trainer(s) and others in legal authority at the Training Center and conform to the rules, regulations and discipline of the Furniture Sector Training Program.

Applicant's Signature:

Date:

Note: Applicants must present their identification document(s) when attending the interview (e.g. Identification Card, Passport, etc.)

Applicant Name:

Is recommended by: (Capitals) Mr./Miss/Mrs./Ms.:

Job Title: **Company Name:**

Signature: **Date:**

Completed form should be returned to:

Barbados Investment & Development Corporation
P.O Box 1250, "Pelican House", Princess Alice Highway
Bridgetown, St. Michael, Barbados, BB11000 |

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Fax: 246 426-4635 | **E-mail:** kheadleylucas@bidc.org