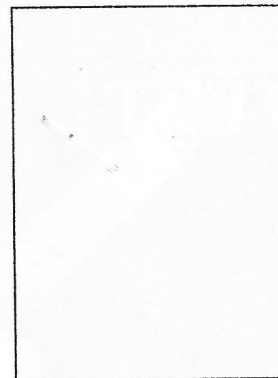




Military Oriented Youth Programme Of  
Apprenticeship and Re-Orientation Training

REGISTRATION FORM



Surname \_\_\_\_\_ First Name \_\_\_\_\_ Other Names \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

Residential Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_ (Other): \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Identification: \_\_\_\_\_ ID  PP  DP

NIS No: \_\_\_\_\_ BIR No: \_\_\_\_\_

Bank: \_\_\_\_\_ Account#: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Highest Education Level attained :Primary  Secondary  Technical/Vocation  Tertiary  None  Home

Additional Interests & Areas of Study


Do you have any legal matters pending? YES  NO  If YES, explain: \_\_\_\_\_

Have you ever been convicted? YES  NO  \_\_\_\_\_

Disabilities/Illnesses/Allergies. YES  NO  If YES, explain: \_\_\_\_\_

I, \_\_\_\_\_, hereby accept the offer of enlistment in the MYPART Programme for the specified cycle or any such period as may be deemed appropriate by the Administration of the Programme. I am prepared to accept a fixed daily stipend and to abide by the rules and regulations of the Programme as laid out in the Standing Orders for the MYPART Programme and its Governing Body the National Energy Skills Center.

I certify that all the above information given 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 will hinder my eligibility to qualify for or, result in, my dismissal from any of the programmes.

APPLICANT SIGNATURE \_\_\_\_\_

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

SIGNATURE of LEGAL GUARDIAN \_\_\_\_\_

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

WITNESS \_\_\_\_\_

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

<b>FOR OFFICIAL USE ONLY</b>
Participant No. _____
Authorising Officer (Block Letters): _____
Signature of Authorising Officer: _____



The Ministry of Tertiary Education  
And Skills Training  
**TEST**



Military-Led Youth Programme of Apprenticeship and Reorientation Training  
 Corner Rivulet & Southern Main Road,  
 Point Lisas, Couva.  
 Telephone No: 636 – 8315 Ext 437

**BEHAVIOURAL MATRIX FORM FOR SCHOOLS**

To: Form Teacher/  Dean  School:.....  
 Principal  Guidance Officer  Address: .....  
 .....

Candidate's Name: ..... Age:..... Years attended School: From ..... To.....

Your student has applied for placement in the MYPART program. As a vital part of the screening process this form must be completed. We are asking you to have information regarding this young person's behavior, academic performance and social functioning. Your assistance is greatly appreciated. Your input is very valuable in understanding this young person.

Please complete this form, put into a sealed envelope and return to candidate/guardian/parent at your earliest convenience.

Attendance Record: {Please give examples) .....  
 .....

Regular Attendance  Frequent Absence  Occasional Absence  Chronic Absence

Please comment on punctuality .....  
 .....

List the Student's strengths/Positive Behaviors/Skills	List your concerns about him in order of priority

Please rate the student using the following ratings scale in the seven areas that follow: (Rate him in comparison to other young person's his age.)

1 = Excellent Progress, 2 = Good Progress, 3 = Poor Progress 4 = Very Poor Progress

1. Social/Emotional Development	2. Behaviour Problems
..... Is pleasant and cooperative with teacher	.....Aggressive/fights/bullying
.....Gets along well with peers	..... Lying
..... Has a positive self-attitude	..... Stealing
..... Respect the rights of others	..... Truancy
..... Gives and Receives help willingly	..... Destruction of Property
..... Meets new situations easily	..... Others (Please Explain.....)

Sheet 2

Candidate's Name: ..... Age: ..... Years attended School: From ..... To.....

1 = Excellent Progress, 2 = Good Progress, 3 = Poor Progress 4 = Very Poor Progress

3. Cognitive Development	4. Attention Work Habits
..... Shows curiosity in learning	..... Attends to task
..... Is creative and imaginative	..... Works well independently
..... Asks appropriate questions for problem solving	..... Completes class work in a reasonable amount of time
..... Understands directions	..... Organizes work material
..... Follows directions	..... Listens attentively to oral discussions and directions

5. Academic Development	6. Comments:
..... Mathematics	
..... Reading	
..... Spoken Language	
..... Written Expression	
..... Learning Skills	

Describe participation in extracurricular activities, groups, clubs, etc: .....

.....  
 .....

Any concerns not noted elsewhere? .....

.....  
 .....

Signed .....

Date:.....

Contact Number at School .....

Please  
 Affix  
 School  
 Stamp Here