



# Tobago Information Technology Limited

48 Signal Hill, Scarborough 901423, Trinidad and Tobago

Tel: (868) 639-1987, 660-7597, 635-1163, 211

Fax: (868) 660-7597

## APPLICATION FORM

Ref#: \_\_\_\_\_

New Ref#: \_\_\_\_\_

(Use when relocating files from the pre-basic folder)

Name of Participant: \_\_\_\_\_

Sex: Male  Female

First Name

Age: Under 18 \_\_\_\_\_ 19-49  Over 50

Last Name

Name of Parent/Guardian: \_\_\_\_\_

(for participants under the age of 18)

First Name

Last Name

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

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

(if different)

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

Contact: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Academic Background: Primary  Secondary  Post-Secondary

Others: \_\_\_\_\_

Preferred Course Location 1: (See Back Page) \_\_\_\_\_

Preferred Course Location 2: (See Back Page) \_\_\_\_\_

Do you have any Disability/Illness? Yes  No

If Yes, Please specify \_\_\_\_\_

### COURSE INFORMATION

**PLEASE SELECT ONE (1) PREFERRED COURSE**

#### COURSES OFFERED:

Basic Introductory Course: • Computer Knowledge & Internet/Email

MS Office Applications: • Word  • Outlook

• Excel  • Access

• PowerPoint  • Publisher

Vocational Programs: • School Vacation Programme (Children/Teens)

Time Available for Training: Mon & Wed Tues & Thurs Sat

Please select your preferred time(s)

10-12AM:

1-3 PM:

5-7 PM:

**ALL APPLICANTS ARE SUBJECT TO A PRE-BASIC ASSESSMENT TO DETERMINE PROFICIENCY**

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

Applicant's Signature: \_\_\_\_\_



Chairman: John Prince (Dr.), Deputy Chairman: Mr. Gerald MacFarlane,  
Directors: Mr. Robert Bobb; Mr. Gilbert Peterson, Mr. Ronald Celestine, Ms. Frances Simmons

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