Visit the nearest OJT Office professionally dressed with the completed application and supporting documents.

Please bring along original copies of the following documents: School/Academic Certificates, ELECTRONIC Birth Certificate, National ID Card, Resume' and a recent utility bill (no more than 2 months old) for proof of address.
If the utility bill is in another person's name, a letter of authorisation along with a copy of the person's ID MUST be submitted.

Applicable ONLY to Applicants Under 18 Years of Age

CONSENT FORM

(PRINT IN BLOCK LETTERS)

I, Mr. / Ms. _____, hereby
(**parent/guardian**)

grant permission for my _____
(**son/daughter**)

Mr. / Ms. _____, to participate
(**applicant**)
in the On-the-Job-Training Programme.

NAME OF PARENT OR GUARDIAN: _____

ADDRESS OF PARENT OR GUARDIAN: _____

ID of PARENT OR GUARDIAN

Type: National ID ☐ **Driver's Permit** ☐ **Passport** ☐

ID/Driver's Permit/Passport Number: _____
Please provide a copy of the specified type of identification as indicated above.

I hereby certify that the information provided in the Consent Form is true and correct

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
DD/MM/YY

OJT Head Office: Corner Chaguanas Main Road and Connector Road, Chaguanas **Tel:** 671-4447; **Chaguanas Office**: Corner John & Lange Streets Montrose, Chaguanas **Tel:**665-6658 **Point Fortin Office:** 69 Main Road, Point Fortin **Tel:** 648-5810; **Port of Spain Office:** Levels 5 & 6, Tower C, IWC, Wrightson Road, Port of Spain **Tel:** 625-8478 **San Fernando Office:** 40-42 St James Street, San Fernando **Tel:** 657-3045 **Siparia Office:** Siparia Administrative Complex, Corner Allis Street and SS Erin Road, Siparia **Tel:** 649-0982 **Tunapuna Office:** Anva Plaza, 16-20 Eastern Main Road, Tunapuna **Tel:** 645-8261; **Tobago Office:** Lot #2 Glen Road, Scarborough, Tobago **Tel:** 685-8187

Government of the Republic of Trinidad and Tobago
Ministry of Tertiary Education and Skills Training

ON-THE-JOB TRAINING PROGRAMME
TRAINEE APPLICATION FORM

Nationals between the ages of 16-35 are invited to submit applications for consideration to join the On-The-Job Training Programme.

FOR OFFICIAL USE ONLY

REGISTRATION NO: _____ **DATE RECEIVED:** _____ **REGION:** _____

FIRST-TIME APPLICANT ☐ **RETURNING APPLICANT (previously placed on the OJT Programme)** ☐

Trainee Registration No. _____
(For Returning Applicant ONLY)

1. **NAME:** _____ _____ _____
First Name (BLOCK LETTERS) *Middle Name (BLOCK LETTERS)* *Surname (BLOCK LETTERS)*

2. **ADDRESS (as appears on utility bill):**
_____
_____
_____

3. **DATE OF BIRTH:** ☐☐☐☐☐☐
DD / MM / YY

4. **SEX: MALE** ☐ **FEMALE** ☐

5. **EMAIL ADDRESS:** _____

6. **MUNICIPALITY: ARIMA** ☐ **CHAGUANAS** ☐ **COUVA/TABAQUITE/TALPARO** ☐ **DIEGO MARTIN** ☐
MAYARO/RIO CLARO ☐ **PENAL/DEBE** ☐ **POINT FORTIN** ☐ **PORT OF SPAIN** ☐
PRINCES TOWN ☐ **SAN FERNANDO** ☐ **SANGRE GRANDE** ☐ **SIPARIA** ☐
SAN JUAN/LAVENTILLE ☐ **TUNAPUNA/PIARCO** ☐ **TOBAGO** ☐

7. **BIRTH CERTIFICATE PIN:** ☐☐☐☐☐☐☐☐☐☐☐

8. **NIS NO.:** ☐☐☐☐☐☐☐☐☐☐☐

9. **BIR NO:** ☐☐☐☐☐☐☐☐☐☐☐

10. **I.D CARD NO:** ☐☐☐☐☐☐☐☐☐☐☐

HOW DID YOU HEAR ABOUT THE OJT PROGRAMME?
_____
_____

11. PASSPORT NUMBER (for Dual Citizens ONLY): | | | | | | | | |

12. TELEPHONE NO.: (Home) | | | | - | | | | | **(Cell)** | | | | - | | | | |

13. MARITAL STATUS: _____

14. PLEASE SPECIFY DETAILS OF PREVIOUS ON-THE-JOB TRAINING PLACEMENT (RETURNING APPLICANTS):

START YEAR: _____ **END YEAR:** _____ **TRAINING PROVIDER:** _____

15. DESIRED TRAINING FIELDS: _____

INDUSTRY CLASSIFICATIONS

a. Agriculture, forestry & fishing
b. Mining & quarrying
c. Manufacturing
d. Electricity, gas & air conditioning supply
e. Water, sewerage, waste management & remediation activities
f. Construction
g. Wholesale & retail trade, repair of motor vehicles & motorcycles
h. Transportation & storage
i. Accommodation & food service activities & bodies
j. Information Communication & Technology (ICT)
k. Financial & insurance activities
l. Real estate activities
m. Professional, scientific & technical services
n. Administrative & support service activities
o. Public Administration & defense
p. Education
q. Human health & social work activities
r. Arts, entertainment & recreation
s. Activities of extraterritorial organisations & bodies
t. Other service activities

16. REASON for your selection/s ABOVE:

_____

_____

_____

_____

17. HIGHEST LEVEL OF EDUCATION:

Secondary School /Tertiary Level Institution Attended	Course/Subjects Taken	Certificate, Diploma and Degree obtained	Grade	Year Obtained

18. *WORK EXPERIENCE:

Firm / Employer	Position Held	Work Duties	Date Started	Date Completed

***NB: Work experience is not a requirement for placement, but will guide your alignment or career interest.**

19. Disability:
This information will be used to determine the most suitable placement environment for you and will not jeopardize your opportunity for placement.

DISABILITY: **NO** ☐ **YES** ☐ ***(IF YES PLEASE EXPLAIN BELOW)***

I agree ☐ **disagree** ☐ **that the above information provided can be shared among Government agencies ONLY**

20. Other health-related issues:
This information will be used to determine the most suitable placement environment for you and will not jeopardize your opportunity for placement.

ILLNESS: **NO** ☐ **YES** ☐ ***(IF YES PLEASE EXPLAIN BELOW)***

_____

_____

21. EMERGENCY CONTACT:

(Name in BLOCK LETTERS)	**(Address)**
(Relationship)	**(Telephone No.)**

I hereby certify that the above information provided in the Trainee Application Form is true and correct

22. SIGNATURE OF APPLICANT: _____ **DATE:** _____
DD/MM/YY