
Telephone: (268) 462-3066

Fax: (268) 462-8782

APPLICATION INSTRUCTIONS:

To complete the application procedure, print all sections of the application form

***Personal data *Aptitude form (A1) *Medical form**

PERSONAL DATA:

Pages 2 and 3 are to be completed by applicant

APTITUDE FORM (A1):

*This form must be completed by any of the following and must **be stamped** with the official stamp of the Institution*

- Principal/Teacher
- Employer
- Head of Organization

Medical form and Food Handler's Certificate:

The **Medical Form** is to be **completed, stamped and signed** by a Medical Doctor

The **Food Handler's Certificate/Card**

PERSONAL STATEMENT

Compose and attach your personal statement not exceeding 300 words:

1. Your interest in the Programme for which you have applied
2. Why you choose to study at ABHTI
3. What can an ABHTI education can do for you

ORIGINAL DOCUMENTS:

– Official Education Institution (Secondary School or Institution of Learning) -

TRANSCRIPT

- CXC/CAPE/GCE - **GRADE SLIP OR CERTIFICATE**
- Other Certificates Attained

– Birth Certificate

– If you are a non-national your Passport is required

– One passport sized picture

Registration is non-refundable

Registration: April 1 to August 30, 2016 - \$125.00

Early Registration: January 1 to March 31, 2016 - \$100.00

ONLY FORMS ACCOMPANIED BY ALL DOCUMENTS AND FEES WILL BE PROCESSED

Passport picture here

For official use only:
Programme:
Student No:



APPLICATION FOR ADMISSION

First Name: _____ Last Name: _____
Gender: M [] F [] Date of Birth: (day/month/year): ___/___/___ Age: ___
Street/Physical location: _____ Village: _____
Parish: _____ P. O. Box: _____
Country of birth: _____ Nationality: _____
Contact numbers: _____ / _____
Email address: _____ @ _____

EDUCATION:

Secondary/Tertiary Institutions Attended Dates Attended
_____/_____ to _____
_____/_____ to _____

INDICATE YOUR PROGRAMME OF INTEREST BY TICKING THE BOX PROVIDED

ASSOCIATE DEGREE PROGRAMMES

- [] Culinary Arts
[] Hospitality Management
[] Resort Management
[] Food and Beverage Management
[] Tourism Management

CERTIFICATE PROGRAMMES

- [] Basic Cookery
[] Reception and Sales
[] Hospitality Administration
[] Food and Beverage Operations
[] Housekeeping Management

INDICATE TIME OF DAY FOR ATTENDING CLASSES

- [] Night classes
[] Day classes

FOR OFFICIAL USE ONLY

Application fee included: YES [] NO []
Receipt # _____
Date: _____

Awaiting Results:

Yes [] No []

All pre-requisites attained:

[] Yes [] No

English A []

Mathematics []

No. Of subjects: _____

All Documents Included:

[] Yes [] No

Outstanding Documents:

ACADEMIC QUALIFICATIONS:

(CXC/GCE/CAPE/Higher level certificates and equivalent, subjects passed, grades, certificates)

SUBJECT	PROFICIENCY	GRADE

WORK EXPERIENCE:

IN CASE OF EMERGENCY:

Establishment: _____

Name: _____

Position held: _____

Contact number: _____ / _____

Years of service: from _____ to _____

Relationship to you: _____

TICK THE APPROPRIATE BOX

Have you previously applied to ABHTI? Yes No

If you are a past student of HTC/ABHTI State: Graduation Year _____ Programme: _____

How did you find out about ABHTI?

- Friend Website
- Past student Media – television radio facebook
- Relative School
- Other: *state:* _____

TICK THE APPROPRIATE BOX:

- Associate Degree: Part Time (2 to 4 years for completion) Full Time (2 years for completion)
- Certificate: Part Time (2 years for completion) Full Time (1 year for completion)

PLEASE READ BEFORE SIGNING

I give permission for the Admissions Office of the Antigua & Barbuda Hospitality Training Institute to verify, if necessary, information provided on this application. I understand that my application and all supplemental materials will be held in the strictest of confidence. I understand that by accepting a place at ABHTI, I agree to its policies, standards and procedures.

Signature of Applicant: _____

Date of Application: _____/_____/_____
(DAY/ MONTH / YEAR)