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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**

- o CXC/CAPE/GCE - **GRADE SLIP OR CERTIFICATE**
- o 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)