

Date:

Recognition of Skills Qualification Form

APPLICATION FORM FOR CERTIFICATE OF RECOGNITION OF CARICOM SKILLS QUALIFICATION

Name of Applicant: Mr./Mrs./Miss.....

Category: Media Person Sports Person
Artiste
Graduate Nurse
Teacher Artisan
Household Domestics
Holder of an Associate Degree or a comparable qualification
Agriculture Worker Security Guard

Date Month Year
Date of Birth:/...../..... **Sex:** Male Female

Nationality: **Place of Birth:**

Passport Number: **Marital Status:**

Permanent Address:
.....

Telephone Number:

Email address:

Registration with Professional Agency (where applicable):
.....

Information on Spouse and Dependents (if applicable). Name and Date of Birth.

Spouse: Name

Date Month Year

Date of Birth:/...../..... **Nationality:**

Place of Birth: **Passport Number:**

Dependent: Name:

Date Month Year

Date of Birth:/...../..... **Nationality:**

Place of Birth: **Passport Number:**

Dependent: Name:

Date Month Year

Date of Birth:/...../..... **Nationality:**

Place of Birth: **Passport Number:**

Dependent: Name:

Date Month Year

Date of Birth:/...../..... **Nationality:**

Place of Birth: **Passport Number:**

.....

Dependent: Name:

Date Month Year

Date of Birth:/...../..... **Nationality:**

Place of Birth: **Passport Number:**

DECLARATION

I, the applicant, hereby declare that the information I have provided on this form is correct, that I have attained the qualifications necessary to show that I am a CARICOM Skilled national and that all the documents that I have supplied in support of my application are authentic and true copies of the originals.

I further declare that I have never sought to obtain or assist others to obtain a Certificate of Recognition of Skills Qualification by fraud or by willful misrepresentation or other unlawful means?

I understand that any omission of information or the provision of false information [is an offence] under the [] and that I can be held [criminally] liable and subject to [imprisonment or a fine or both] and that the Skills Certificate could be revoked.

I also understand that the Skills Certificate evidences the Skill and that possession of the Skills Certificate does not entitle me to enter or receive indefinite Stay in a Receiving Member State if upon arrival or application for indefinite stay, I am found to be inadmissible or ineligible for indefinite stay on the grounds set out in Article 226 of the Revised Treaty of Chaguaramas.

.....
Signature of Applicant

.....
Date

I understand that any omission of information or the provision of false information [is an offence] under the [] and that I can be held [criminally] liable and subject to [imprisonment or a fine or both] and that the Skills Certificate could be revoked.

I also understand that Name of the Receiving Member State has the right to reject my application for indefinite stay if I am found to be undesirable* pursuant to Article 226 of the Revised Treaty of Chaguaramas establishing the Caribbean Community including the CARICOM Single Market and Economy (RTC).

.....
Signature of Applicant

.....
Date

* No restrictions in the interests of public morals, national security and safety, and national health should be placed on the right of free entry of a national of any Member State unless that national presents a genuine, present and sufficiently serious threat affecting one of the fundamental interests of society (CCJ Application No. OA 002 of 2012).