

CARIBBEAN CORRECTIONAL ACADEMY

STUDENT REGISTRATION FORM

Department of Correctional Services | Academic & Professional Training

SECTION A — REGISTRATION / ACADEMIC INFORMATION

Student/Applicant ID (if assigned): _____	Date of Registration: ____ / ____ / ____
Programme/Course: _____	Cohort/Intake: _____
Level/Qualification: _____	Mode: ☐ Full-time ☐ Part-time ☐ Other
Campus/Training Location: _____	Academic Year: _____

SECTION B — PERSONAL INFORMATION

Surname: _____	First Name(s): _____
Preferred Name: _____	Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Other: _____
Date of Birth: ____ / ____ / ____	Gender (optional): _____
Nationality: _____	TRN/Identification No.: _____
Address: _____	
Parish/Country: _____	Postal Code: _____

SECTION C — CONTACT INFORMATION

Mobile/Telephone: _____	Alternative Telephone: _____
Email Address: _____	
Emergency Contact Name: _____	Relationship: _____
Emergency Contact Telephone: _____	Alternative: _____

SECTION D — EMPLOYMENT / PROFESSIONAL INFORMATION

Employer/Institution: _____	Department/Unit: _____
Job Title/Rank: _____	Years of Service: _____
Supervisor/Manager: _____	Telephone/Email: _____
Highest Qualification: _____	Professional Certification(s): _____

SECTION E — PROGRAMME / COURSE SELECTION

1. Programme/Course: _____	
2. Programme/Course (if applicable): _____	
Specialization/Area of Interest: _____	
☐ Correctional Management & Administration ☐ Strategic Leadership ☐ Security Operations	
☐ Social Work & Community Corrections ☐ Rehabilitation & Reintegration ☐ Offender Education	
☐ Other: _____	

SECTION F — PREVIOUS EDUCATION / TRAINING

Institution	Programme / Qualification	Year Completed	Grade/Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION G — DOCUMENT CHECKLIST

Please attach/submit the documents required for the selected programme. Check each item provided:

☐ Completed registration form	☐ Identification document
☐ Passport-size photograph	☐ Academic certificates/transcripts
☐ Professional certificates (where applicable)	☐ Letter of employment/nomination (where applicable)
☐ Proof of payment/registration fee (where applicable)	☐ Other: _____

SECTION H — STUDENT DECLARATION

I declare that the information provided on this form is true, complete and accurate to the best of my knowledge. I understand that submission of this form does not, by itself, constitute acceptance into a programme. I agree to comply with the Caribbean Correctional Academy's academic, administrative, professional and disciplinary requirements.

Applicant/Student Signature: _____	Date: ____ / ____ / ____
Parent/Guardian Signature (if required): _____	Date: ____ / ____ / ____

SECTION I — OFFICE USE ONLY

Application/Registration No.: _____	Date Received: ____ / ____ / ____
Admission Status: ☐ Approved ☐ Pending ☐ Not Approved	Student No.: _____
Registration Verified By: _____	Date: ____ / ____ / ____
Academic Officer/Registrar: _____	Signature: _____
Fees/Finance Verification: _____	Receipt/Reference No.: _____
Records Entered Into SIS: ☐ Yes ☐ No	Entered By: _____
Remarks: _____	

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