



**TRINIDAD & TOBAGO COLLEGE OF THERAPEUTIC
MASSAGE & BEAUTY CULTURE LTD (TTCOTM&BCL)**

A COLLEGE OF THE HEALING ARTS

Registered with the Ministry of Education # 1314

ACTT Registration: Number: - **actt/reg/inst/pvt/020**

GATE Approved

E-mail: p.gopaul510@gmail.com Website: www.gcctt.net

#68 Market Street, Gopaul Lands, Marabella, Trinidad, West Indies

Phone / Fax: 1 (868) 658-3907

APPLICATION FOR ADMISSION for:

1 Year Diploma in Professional Therapeutic Massage

1 Year Diploma in Cosmetology



Please Print or Type

Start Date: - _____

PART I

PERSONAL INFORMATION:-

Name Mr. / Mrs. / Miss or Other:- _____

Date of Birth: _____ Sex: Male Female Marital Status: _____

Home Address: _____ Phone: _____

Office Address: _____ Phone: _____

Candidate's Email Address: - _____

Are you a citizen of Trinidad & Tobago: Yes No

PART II

EDUCATION:

Did you graduate from high school? Yes No

(a) CXC O' Level English Mathematics Biology/Science

Other O' level subjects _____

(b) "A" Level subjects _____

(c) Other _____

(d) Certificates attached Yes No

Previous experience and/or study in massage, beauty or other related fields?

PART III

EMPLOYMENT:-

Current _____

Address _____

Position _____ No. of year's _____ Phone No _____

Last 3 years employment	How Long?	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who will be responsible for paying your expenses?
 Self Parents Employer Other

If parents or employers are paying for expenses, please complete Part IV.

All applicants MUST complete and submit the following:

1. Application form with Two Hundred Dollars (\$200)TTD or \$35 USD **Non Refundable** OR
 Late registration (TTD) \$250.00 Non Refundable
2. A Copy of High School certificates/diploma
3. Two copies of a valid form of identification and two copies of your Birth Certificate.
4. A description explaining why you want to pursue this career
5. On a separate piece of paper please tell us more about yourself.
6. Two recommendations from a school or someone who knows you well.
7. Two passport size pictures, one should be inserted in the space given below and the other submitted with this form, to be inserted on your Identification card.
8. A certificate of good character
9. Medical certificate of good health (that you will collect from the college)
10. Incidental to be incurred:- approximately (TTD) \$1225.00
11. A Declaration for receiving GATE funding (to be discussed with admissions officer)

NB: THE ABOVE CAN BE CHANGED WITHOUT NOTICE
For further information contact the College at 658 -3907

Continuation of Part 11

REFERENCES:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

All times and dates of classes are subject to revision. It is advisable to submit this application as soon as possible as class size is limited and enrollment will close when class is full.

All of the above information is true based on my knowledge.

Signature _____

Date: _____

PART IV

THIS PART OF THE FORM ONLY APPLIES TO APPLICANTS WHO'S PARENTS OR EMPLOYER WILL BE PAYING HIS/HER TUITION.

Name of Parent/Employer _____

Employer Address

Telephone Number _____

I agree to pay for (please insert the student's name) _____ expenses incurred.

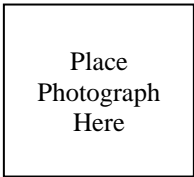
Signature of Parent or Employer

FOR OFFICIAL USE ONLY

Interviewed by: _____

Comments:

Signature of Interviewer: _____



“Continuous Growth each year!”