

APPLICATION INSTRUCTIONS:

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

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

PERSONAL DATA:

Pages 3 and 4 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

Pre-requisite Requirements:

Associate Degree: 5 CXC/CSEC subjects to include English A

Certificate: 3 CXC/CSEC to include English A

Mature Students (25 years and over)

Letter of recommendation

From: Manager

Medical form:

The **Medical Form** must be completed and signed by a medical doctor and **STAMPED**

ESSAY:

Compose and attach your (**TYPED**) essay/rational of 300 words:

- Why you choose to study at ABHTI and the career you hope to have.

PRODUCE ORIGINAL DOCUMENTS *WITH COPIES:

- Secondary School Transcript
- CXC/CSEC/CAPE/GCE Certificate
- Other Certificates Attained
- Birth Certificate
- If a non-national – valid passport
- One passport sized picture

REGISTRATION FEE IS SUBJECT TO CHANGE AND IS NON-REFUNDABLE

REGISTRATION PERIOD: JUNE TO JULY (EXCLUDING WEEKENDS) – FEE: EC\$125.00

LATE REGISTRATION PERIOD: AUGUST – FEE: \$175.00

Passport picture here

For official use only:

Programme:

Student No:

APPLICATION FOR ADMISSION

First Name: _____ Last Name: _____

Date of Birth: (day/month/year): ___/___/___ Age: _____

Gender: M F Nationality: _____

Street/Physical location: _____ Village: _____

Parish: _____ P. O. Box: _____

Country of birth: _____

2 contact numbers: _____ / _____

Email address: _____ @ _____

Email address: _____ @ _____

EDUCATION:

Secondary/Tertiary Institutions Only Indicate by year - e.g. (2007 to 2012)

_____ / _____ to _____

_____ / _____ to _____

INDICATE YOUR PROGRAMME OF INTEREST BY PLACING A TICK IN THE BOX PROVIDED

***Day classes: 8:15am to 5:00pm | Night classes: 5:30pm to 9:30pm**

ASSOCIATE DEGREE PROGRAMMES

- Culinary Arts - day | night
- Hospitality Management - day only
- Food & Beverage Management - day only
- Resort Management - night only
- Tourism Management - night only

CERTIFICATE PROGRAMMES

8:15AM – 5:00PM ONLY

- Basic Cookery
- Front Office and Restaurant Operations

FOR OFFICIAL USE ONLY

Application fee included:

YES NO

Receipt # _____

Date: _____

Awaiting Results:

Yes No

All pre-requisites attained:

Yes No

English A

No. Of subjects: _____

Check List:

- Medical Form (*signed & stamped*)
- Aptitude Form (*signed & stamped*)
- Birth Certificate
- Passport (*if non-national*)
- Passport sized Picture
- School Transcript
- CSEC Certificate (*results*)
- Essay

For adult applicants:

- Letters of recommendation

ACADEMIC QUALIFICATIONS: RECORD PASSES I, II AND III ONLY

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

SUBJECT	PROFICIENCY	GRADE

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How did you find out about ABHTI?

- Friend Website
 Past student Media: Television Radio Facebook Instagram Other
 Relative School
 Other: *state:* _____

TICK THE APPROPRIATE BOX

Have you previously applied to ABHTI? Yes No

Were you accepted Yes No **If No, Why:** _____

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

TICK THE APPROPRIATE BOX:

- Associate Degree: Fulltime (2 years for completion) Part-time (3 years for completion)
Certificate: Fulltime (1 year for completion) Part-time (2 years for completion)

WORK EXPERIENCE IF ANY:

Establishment: _____

Position held: _____

Years of service: from _____ to _____

***IN CASE OF EMERGENCY:**

Name: _____

Contact number: _____ / _____

Relationship to you: _____

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)