



Apprenticeship Training Employment and Development (RATED) Programme REGISTRATION FORM

Please read carefully before proceeding to complete this application:

1. The RATED programme is open to **unemployed Virgin Islanders/Belongers ONLY**.
2. If you are employed on a full-time basis, you are **NOT eligible** to participate in this programme.
3. Public Officers are **NOT eligible** to participate in this programme.
4. You must submit a copy of a valid Belonger Card or British Overseas Territory Citizen (Virgin Islands) Passport in support of this application.

Please ensure that the application form is completed clearly.

***Required Fields (Sections MUST be completed)**

PERSONAL INFORMATION			For Official Use
*First Name:	*Middle Name:	*Surname:	
*Physical Address:		*District where you live:	
*Contact Number(s):		Email:	If No Give Reason(s):
*Date of Birth (D/M/Y):	*Age:	*Gender:	
*Are you a Virgin Islander/Belonger? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please see note #1 above) (NOT ELIGIBLE)</i>			
*Belonger Card No:	*Passport No:	*Social Security No:	
*Tax ID Number:	*NHI Number:	Driver's License No:	
*Emergency Contact (Full Name and Contact Number): Name: _____ Contact Number: _____			
EMPLOYMENT STATUS			
*I am: <input type="checkbox"/> presently unemployed and not receiving any income <input type="checkbox"/> presently employed on a part-time basis *Place of Employment: _____ *Days of Work: _____ *Hours of Work: Begin: _____ End: _____ <input type="checkbox"/> presently self-employed and not receiving any income <input type="checkbox"/> presently employed on a full-time basis <i>(Please see note #2 above) (NOT ELIGIBLE)</i>			
SKILLS & WORK EXPERIENCE			
*Please list your highest level of education attained:			
*Have you supervised before? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Largest Team Supervised: <input type="checkbox"/> 1 – 10 <input type="checkbox"/> 11- 25 <input type="checkbox"/> 26 - 40 <input type="checkbox"/> 40+	

<p>*Please list your work experience, if applicable: <i>(May use separate sheet if necessary)</i></p>	
<p>*Programme Pathway of Interest:</p> <p style="text-align: center;"> <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Training and Education </p>	
<p>*Areas of Interest <i>(Please select THREE (3) ONLY):</i> If an area of interest is not listed, please indicate in the category 'Other'</p>	
<p> <input type="checkbox"/> Landscaping/Bush Cutting <input type="checkbox"/> Painting (curbs/guard rails, etc.) <input type="checkbox"/> Ghut Cleaning <input type="checkbox"/> Waste Management <input type="checkbox"/> Construction <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrician <input type="checkbox"/> Plumbing <input type="checkbox"/> Repairs to Recreational Facilities and other spaces <input type="checkbox"/> Agriculture/Fisheries <input type="checkbox"/> Marine/Yachting <input type="checkbox"/> Trucking Services (<i>3yd Truck</i>) </p>	<p> <input type="checkbox"/> Communications/Public Relations <input type="checkbox"/> Administrative/Clerical Work <input type="checkbox"/> Data entry/Digitisation of paper records <input type="checkbox"/> Culinary/Hospitality/Tourism <input type="checkbox"/> Legal/Professional Services <input type="checkbox"/> Goods and Services <input type="checkbox"/> Janitorial Services <input type="checkbox"/> Financial/Insurance <input type="checkbox"/> Statutory Body/Agency <input type="checkbox"/> Health Sector <input type="checkbox"/> Education <input type="checkbox"/> Wholesale/Retail Trade <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ </p>
<p>*Indicate tools currently owned (if applicable):</p> <p> <input type="checkbox"/> Weed Eater <input type="checkbox"/> Machete/Cutlass <input type="checkbox"/> Sweeper Broom <input type="checkbox"/> Hedge Sheers (Clipper) <input type="checkbox"/> Other _____ </p>	
<p>*Are you physically able to perform the type of work selected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please list any disabilities you may have:</p>	
<p>*Declaration:</p> <p>I, _____, declare that the information submitted on this form, is accurate to the best of my knowledge. I understand that submission of false information can adversely affect my approval to participate in the RATED Programme. I also agree that if I am selected to participate in the Programme and I accept the offer presented, I will abide comply with the conditions of the work/training opportunity and I will perform my responsibilities with diligence.</p>	
<p>Signature:</p>	<p>Date:</p>

Please check all supporting documents attached in support of your application:

**Documents below with asterisk (*) must be attached to all applications, where applicable.*

- | | |
|---|---|
| <p> <input type="checkbox"/> Belonger Card*
 <input type="checkbox"/> Passport*
 <input type="checkbox"/> Driver's License
 <input type="checkbox"/> Tax ID Registration </p> | <p> <input type="checkbox"/> Social Security Card*
 <input type="checkbox"/> National Health Insurance (NHI) Card*
 <input type="checkbox"/> Resume <i>(Please attach if interested in Employment within an office setting)</i>
 <input type="checkbox"/> Diploma/Degree <i>(Please attach if interested in Employment within an office setting)</i> </p> |
|---|---|

Submit completed application form to:

(Please ensure that application is completed as required and all supporting documents are attached)

Permanent Secretary
 Ministry of Environment, Natural Resources and Climate Change
 #44 Pusser's Building, Lower Estate, Road Town, TORTOLA
or
 District Offices located on the Sister Islands