



TOBAGO HOSPITALITY AND TOURISM INSTITUTE

Blenheim, Mt. St. George, Tobago. Tel: (868) 660-2196/2352 | Fax: (868) 660-2197
 www.thti.edu.tt | E-mail: info@thti.edu.tt

APPLICATION FOR ADMISSION

INSTRUCTIONS: Please complete this application form as thoroughly as possible using **BLOCK LETTERS**. Submit completed form and required original documents in person at THTI office or scan and email documents to info@thti.edu.tt. **A non-refundable fee of \$50.00 is required to complete the application process.**

ASSOCIATE DEGREE (GATE Approved)

Start Date:	September 20_____	January 20_____
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WHICH PROGRAMME ARE YOU APPLYING FOR?

2 Years Full Time 3 Years Part Time THTI PATH Programme

<input type="checkbox"/> Culinary Arts
<input type="checkbox"/> Tourism Studies
<input type="checkbox"/> Hospitality Studies
<input type="checkbox"/> Food and Beverage Operations
<input type="checkbox"/> PATH THTI Programme

PERSONAL DATA (BLOCK LETTERS ONLY)

Surname:	First Name:	Middle Initials:
Date of Birth: (dd/mm/yyyy) / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:
Nationality:		
Home Address:		
Mailing Address (if different from above):		
Contact #: (Home)	Contact #: Mobile	Email Address:
Name of person to notify in case of an emergency:	Relationship to Student:	Contact #:

MEDICAL HISTORY

Allergies (Please Specify):	Current Medication (s):
Are there any other medical issues or history that we should be aware of? (please specify):	
Do you have any learning disabilities?	

EDUCATIONAL BACKGROUND

(Begin with the Secondary School you attended and continue in chronological order, ending with the institution in which you were last enrolled)

School/Institution/University	From	To
Qualifications		
School/Institution/University	From	To
Qualifications		
School/Institution/University	From	To
Qualifications		
School/Institution/University	From	To
Qualifications		

WORK EXPERIENCE (Include current or last employer)

Employer	Position	From	To
Employer	Position	From	To
Employer	Position	From	To
Employer	Position	From	To

VOLUNTEER AND EXTRACURRICULAR ACTIVITIES

Organization/Group	Position	From	To
Activity & Accomplishments			
Organization/Group	Position	From	To
Activity & Accomplishments			

PLEASE COMPLETE THIS SECTION FOR MARKETING PURPOSES

How did you hear about the Tobago Hospitality and Tourism Institute (THTI)?

- Radio
 Newspaper
 Television
 Website
 Social Media
 Word of Mouth
 School Fair/Expo
 Other

PERSONAL DECLARATION

Please Note: *If applicant is younger than 18 years of age, the signature of the applicant's parent or guardian is required.*

I hereby certify that I have read and understood the information necessary for completing this application and that all statements made are true and complete. I intend to provide such fees as may be payable to the institute. I understand that I may be required to attend classes any day of the week, inclusive of Fridays, Saturdays and Sundays. I understand my admission to or my registration in the institute may be revoked if any of the information provided is found to be false. I am over 18 years of age or the applicant's parent or guardian.	
Signature of Applicant:	Date:
Parent/Guardian's Name:	
Parent/Guardian's Signature:	Date:

REQUIRED DOCUMENTS

Birth Certificate	National Identification	Passport
CXC Certificate	Other Certificates	Two (2) Passport Photos
Application Fee of TT\$50: Pay by cash or cheque at THTI office in Tobago OR Deposit payment to First Citizens Bank; Account Name: TOBAGO HOSPITALITY AND TOURISM INSTITUTE; Chequing Account # 2491691, indicate your full name as reference. Scan and email proof of payment to info@thti.edu.tt		
<ul style="list-style-type: none"> Please note that where applicable, documented evidence of a change in name must be submitted (E.G. Marriage Certificate, Deed poll, Affidavit) Transcripts from Institutions previously attended must be sent directly to the Institute in signed, sealed envelopes. 		

FOR OFFICIAL USE ONLY

Application ID:	Date Received:	Application Fee Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Program	Originals Seen <input type="checkbox"/> Yes <input type="checkbox"/> No	Copies Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Interview:	Date of Response:
Authorized Signature:		