



# TRINIDAD AND TOBAGO HOSPITALITY & TOURISM INSTITUTE

## THTI

P.O. Box 41, Carenage, Trinidad, W.I  
 Phone: (868) 634-1315/4250/4456/2144/2146 Fax: (868) 634-1314/2145  
 Website: [www.hospitalitytnt.com](http://www.hospitalitytnt.com) E-mail: [tinfo@hospitalitytnt.com](mailto:tinfo@hospitalitytnt.com)

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 Here  
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All applicants are required to read the instruction and information sheet before completing this application form.  
 For additional assistance please call THTI Customer Service Representative at 634-1315/4250/4456 extension 308.

### SECTION A - PERSONAL DATA

<b>1. Name</b>			
Title	Surname	First Name	Middle Name (s)
<b>2. Date of Birth (dd/mm/yyyy)</b> ____/____/____		<b>3. Age</b>	<b>4. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>5. Martial Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			<b>6. Religion/Denomination</b>
<b>7. Permanent Address</b> _____ _____ _____		<b>8. Mailing Address (if different from 7)</b> _____ _____ _____	
<b>9. Contact Information</b>			
Home Phone ( ) -		Work Phone ( ) - Ext:	
Cell Phone ( ) -		Other Phone ( ) -	
Email Address		Fax Number ( ) -	
<b>10. National I.D. No.</b>	<b>11. Passport No.</b>		<b>12. Driver's Permit No.</b>
<b>13. Country of Birth/ Nationality</b>	<b>14. Country of Citizenship</b>	<b>15. a) Country of Residence</b>	<b>b) Duration (yrs.)</b>
<b>16. a) Do you have a disability or medical condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>b) If yes, please specify</b>	
<b>17. Emergency Contact Information</b>			
Title	Surname	First Name	Relationship to Applicant
Phone Numbers			
Permanent Phone ( ) -		Work Phone ( ) - Ext:	
Cell Phone ( ) -		Other Phone ( ) -	

### FOR OFFICIAL USE ONLY (Admissions Dept.)

Preliminary Approval	Department Approval	Admissions Comm. Approval
Application Complete <input type="checkbox"/>		
Qualifications:		
Meets requirements <input type="checkbox"/>		
<b>DOES NOT</b> meet requirements <input type="checkbox"/>		

<b>18. a) Have you previously applied to TTHTI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No b) If Yes, specify year _____	<b>19. a) Have you previously been a student at TTHTI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No b) If yes, specify year _____ c) Program _____
<b>20. a) Please specify (if any) accommodation required (Female Applicants only) (See Information and Instruction Sheet)</b> <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quadruple	
<b>21. Extra Curricular Activities</b> Please list any sporting/community/cultural or social activities in which you have been involved. _____ _____ _____	

**SECTION B – PROGRAMS OFFERED**

22. Please indicate your program choice and mode of attendance (full time or part time) by ticking  the appropriate box. Please note that some programs are offered full time ONLY and some part time ONLY. Applicants should consult TTHTI entry requirements for each program.

	FULL TIME	PART TIME
<b>BACHELORS OF SCIENCE DEGREE IN:</b>		
Culinary Management	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASSOCIATE IN APPLIED SCIENCE DEGREE IN:</b>		
Culinary Management	<input type="checkbox"/>	<input type="checkbox"/>
Food & Beverage Management	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality Management	<input type="checkbox"/>	<input type="checkbox"/>
Sport Tourism Management	<input type="checkbox"/>	<input type="checkbox"/>
Tourism Management	<input type="checkbox"/>	<input type="checkbox"/>
<b>DIPLOMA IN:</b>		
Baking & Pastry Arts	<input type="checkbox"/>	<input type="checkbox"/>
Culinary Arts	<input type="checkbox"/>	<input type="checkbox"/>
Events & Conference Management	<input type="checkbox"/>	<input type="checkbox"/>
Food & Beverage Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Front Office & Travel Agency	<input type="checkbox"/>	<input type="checkbox"/>

**23. Career Objectives**  
Please state the reason for your interest in the program selected.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**24. Other Information**  
Please state briefly any other information which you feel may support your application or successful completion of program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C – FINANCIAL RESOURCES**

**25. Expected Source of Funding**  
 Government (specify): \_\_\_\_\_     Loan     Self     Institution of Origin  
 Donor (specify): \_\_\_\_\_     Parents     Award (specify): \_\_\_\_\_

**26. Will you be able to meet your financial obligation by the year of acceptance?**  
**August (Full-time)**     Yes     No      **January (Part-time)**     Yes     No



SECTION E – EMPLOYMENT RECORD

<b>30. List employment information starting with your current job. (Please include both paid and unpaid work experience)</b>					
a) Name of Employer			b) Name of Employer		
Position			Position		
Address			Address		
From _____/_____/_____			To _____/_____/_____		
Telephone Number ( ) -	Fax Number ( ) -	Email	Telephone Number ( ) -	Fax Number ( ) -	Email

SECTION F – REFEREE INFORMATION

<b>31. Name of Two Referees</b>	
a) Name of Referee	b) Name of Referee
Name of Organization	Name of Organization
Position	Position
Address	Address

<b>32. How did you obtain information about TTHTI?</b>			
<input type="checkbox"/> TTHTI Alumni	<input type="checkbox"/> Employer	<input type="checkbox"/> Internet	<input type="checkbox"/> Media
<input type="checkbox"/> School/College Fair	<input type="checkbox"/> School Visit	<input type="checkbox"/> Other: Please specify	

SECTION G – DECLARATION

<p><b>33.</b> I hereby certify that I have read and understood the instructions and 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 TTHTI. I understand that otherwise my admission to or registration at TTHTI may be revoked.</p> <p>_____/_____/_____ Signature of Applicant      Date (dd/mm/yyyy)</p>	<p><b>34.</b> This application is made with my consent and I intend to provide such fees as may be payable to TTHTI.</p> <p>_____/_____/_____ Signature of Parent/Guardian      Date (dd/mm/yyyy)</p>
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FOR OFFICIAL USE ONLY (Customer Service Representative)

<p>Document Received:</p> <input type="checkbox"/> Application Fee      Receipt no.: _____ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Transcript <input type="checkbox"/> CXC/GCE Certificate <input type="checkbox"/> Referee Report <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____	<p>Original Documents Returned:</p> <p>_____/_____/_____ Signature of Applicant      DD   MM   YYYY</p> <p>_____/_____/_____ Signature of TTHTI Officer      DD   MM   YYYY</p>
<p>Date Received      ____/____/_____ DD      MM      YYYY</p>	<p>Received by _____</p>

