



H. Lavity Stoutt Community College

"Our Tomorrow Begins Today"

P.O. Box 3097, Road Town, Tortola, VG 1110, Virgin Islands

Tel: (284) 541-3058 | Web: hlsc.edu.vg

WORKFORCE TRAINING DIVISION REGISTRATION FORM

CPDCE MARITIME TECHNICAL

Academic Year: 20____ Spring Summer Fall

1. _____
Last Name *First Name* *Middle Initial*

2. *Gender:* Male Female 3. *Employed:* Yes No

4. *Date of Birth:* _____ (day) _____ (month) _____ (year)

5. *Nationality:* _____ 5. *Social Security #:* _____

6. *Valid Photo ID:* Passport #: _____ Driver's License #: _____
Work Permit: _____ Other: _____

7. *Address:* P.O. Box: _____
City: _____ Country: _____ Postal Code: _____

8. *Tel #:* _____
Cell Work Home

9. *E-mail:* _____

10. *Have you attended HLSCC before?* Yes No

COURSE DETAILS

11. Course/Workshop Title:	
Course/Workshop Date:	
Course Day: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	Time:
Course Fee: \$	
Registration Deadline:	
Receipt Number:	



H. Lavity Stoutt Community College

"Our Tomorrow Begins Today"

P.O. Box 3097, Road Town, Tortola, VG 1110, Virgin Islands

Tel: (284) 541-3058 | Web: hlsccl.edu.vg

COURSE DETAILS

12. Why am I enrolling in this workshop/course?

- a. I need the training for my present job
- b. For professional development/certification
- c. To work towards a College degree
- d. Seeking promotion

13. In case of emergency, please contact:

Name: _____ Relation: _____

Address: _____ Tel #: _____

ADMINISTRATION ONLY

14. DECLARATION

Aspects of some workshops will involve strenuous practical exercises.

I declare that to the best of my knowledge, I am medically fit to undertake the practical exercises involved in the training. I also declare that I have received a written copy of HLSCC's Safety Policy.

Registrant's Signature

Date

HLSCC Representative's Signature

Date

PAYMENT – For Official Use Only

15. Cash
- Cheque: C/K #: _____
- Purchase Order: Issued by: _____
- Credit Card: Master Card Visa
- Debit Card/ATH

Amount Paid: \$ _____

Amount Due: \$ _____

GL Code: 01- 4760 - _____ (Tuition Fees-Short Courses)