

COURSE APPLICATION FORM

Please complete this form in full printing clearly in capital letter with black ink. The completed application form can be emailed or faxed using the information provided below.

Caribbean Institute for Meteorology & Hydrology Husbands St. James BB 23006 Barbados

Tele: 246- 425 1362/63 Fax: 246-424 4733

Name of Course: Meteorology for Geography Educators

E-MAIL: metgeoedu@cimh.edu.bb

1. CANDIDATE

FAMILY NAME (SURNAME)	FIRST NAME(S)	NATIONALITY	M or F
DATE OF BIRTH: DAY MONTH YEAR	COUNTRY AND PLACE OF BIRTH		MARITAL STATUS
INSTITUTION/BUSINE	SS NAME AND ADDRESS (you mu	ust provide this infor	mation)
CITY	COUNTRY	POSTAL CODE	
DFFICE TELEPHONE (+ area code)	FAX (+ area code)	E-MAIL	
HOME TELEPHONE (+ area code)	PERSONAL E-MAIL		

2. EDUCATIONAL BACKGROUND

A. ACADEMIC QUALIFICATIONS			
FULL NAME OF INSTITUTION AND COU	NTRY DUR	ATION (FROM – TO)	DEGREE OBTAINED
			(Title and subject)
B. RELEVANT PROFESSIONAL COURSE	-0		
B. RELEVANT PROFESSIONAL COURSE	:5		
3. PROFESSIONAL ACTIVITIES			
PRESENT OCCUPATION FROM (DATE)			
INSTITUTION, ORGANIZATION OR COM	MPANY		
ADDRESS TELEPHONE	(+ area code)	FAX (+ area code)	E-MAIL
NAME OF PERSON WHO SUPERVISES	YOU AND HIS/	HER E-MAIL ADDRESS	
RELEVANT PREVIOUS ACTIVITIES	FROM	Л -TO (DATES)	RESPONSIBILITIES

4. PERSONAL STATEMENT Explain why you are applying for this course, what you hope to professional development and your institution.	o learn from it, and how it will benefit your
5. PAYMENT Your application with fees (\$100US) should reach CIMH no lainto the course. Payment for the course can be made locally and copy of the payment must be included when submitting a	by cheque. Fees may be paid by bank draft
Please identify which course the payment is for in the memo sdraft.	section of the cheque/ cover letter of the bank
6. CANDIDATE'S STATEMENT	
I certify that all statements on this application are true and I at	uthorize CIMH to verify them.
CANDIDATE'S SIGNATURE	DATE