



**APPLICATION FOR THE CERTIFICATE OF RECOGNITION
OF CARIBBEAN COMMUNITY SKILLS QUALIFICATION**

Please read notes overleaf before completing this Application Form. PLEASE FILL OUT THE FORM IN BLOCK LETTERS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

WARNING TO ALL APPLICANTS:

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty if an offence and is liable to a fine or imprisonment.

Full Name: Mr./Mrs./Miss.....

- | | | | |
|---|--------------------------|---------------------------------|--------------------------|
| Category: University Graduate | <input type="checkbox"/> | Media Worker | <input type="checkbox"/> |
| Artiste | <input type="checkbox"/> | Nurse | <input type="checkbox"/> |
| Musician | <input type="checkbox"/> | Teacher | <input type="checkbox"/> |
| Sportsperson | <input type="checkbox"/> | Artisan with a CVQ ¹ | <input type="checkbox"/> |
| Holders of Associate Degree or comparable qualification | <input type="checkbox"/> | | <input type="checkbox"/> |
| Household Domestics | <input type="checkbox"/> | | <input type="checkbox"/> |

Current Address:.....
.....

Contact No. (local):..... **Email:**.....
Day Month Year

Place of Birth:..... **Date of Birth:**.....

Sex:..... **Nationality:**.....

Passport No.:..... **Place of Issue:**.....

Date issued:..... **Expiry Date:**.....

Marital Status:..... **Spouse:**.....

Immigration Status:..... **Employment Status:**.....

Social Security No.:..... **Occupation:**.....

Highest Educational Qualification:.....

¹CVQ - Caribbean Vocational Qualification

Dependant(s): PLEASE INSERT INFORMATION FOR DEPENDANTS

Name of Dependant	Date of Birth	Sex	Place of Birth	Passport Number	Place and Date Issued	Expiration Date	Relationship to Applicant

PLEASE INSERT THE INFORMATION FOR YOUR SPOUSE

Full Name: Mr./Mrs.....

Place of Birth:..... **Date of Birth:**

Sex:..... **Nationality:**.....

Passport No.:..... **Place of Issue:**.....

Date issued:..... **Expiry Date:**.....

I, the undersigned, declare that the information given in this application is true to the best of my knowledge and belief.

Signature:..... **Date:**.....

Receiving Officer:..... **Date:**.....

PLEASE READ ALL INSTRUCTIONS BEFORE SUBMITTING THE APPLICATION.

Requirements:

1. Completed application form
2. Two (2) passport-sized photographs; one certified by an approved individual e.g. Senior Government Official, Doctor, Lawyer, Pastor or Principal. **(for applicant, dependant(s), and spouse)**
3. One (1) notarized copy of bio-data and immigration status pages from a valid CARICOM passport **(for applicant)**
4. One (1) notarized copy of bio-data and immigration status pages from a valid passport **(for dependant(s) and spouse)**
5. One (1) certified copy Certificate of Qualification and the original transcript. **Please note that applicants are required to submit their original Degree Certificate to the Accreditation Secretariat for certification**
6. One (1) notarized copy of Marriage Certificate or Divorce Decree **(where applicable)**
7. One (1) notarized copy of Birth Certificate **(for applicant, dependant(s), and spouse)**
8. One (1) notarized copy of Adoption papers **(for adopted children)**
9. Letter/contract of Proof of Employment **(all applicants)**
10. Persons applying as **Artistes, Musicians, Sportspersons, Media Workers, and Nurses** are required to submit, in addition to the relevant qualification, the following documents:
 - a. A letter from the respective National Professional Agency or Ministry which clearly states that the applicant is registered in a particular field of art, music, sport, or as a media worker
 - b. A letter from the current or most recent employer clearly stating the functions performed
 - c. One (1) notarized copy of portfolio of work previously done, with a brief description where pictures are provided. Portfolio would include samples of work. **NB: Portfolios are not returned to the applicant.**
 - d. At least three (3) references who can attest to work previously done

11. Where necessary, applicants are also required to register with the applicable Professional Agency:

- a. The Medical Board of St. Kitts and Nevis/Ministry of Health (**for all health professionals including medical practitioners, dental practitioners, dental auxiliaries, opticians, pharmacists, podiatrists and chiropractors**)
- b. The Department of Culture (**for Artistes and Musicians**)
- c. The relevant Sport Associations (**for Sportspersons**)

12. Receipt of Payment of Processing Fee (EC\$250.00 - payable at the Inland Revenue Department in St. Kitts). **Please note that cash will not be accepted at the Ministry of International Trade**

NOTE: This process would take a minimum of six (6) weeks; therefore, non-nationals should be mindful of the expiration of their immigration status. Meanwhile, nationals should ensure that an application for the Certificate is made at least six (6) weeks prior to their departure schedule.