





Training Application Form

| Please complete all questions | |
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| Applicant Information | |
| Full Name: | |
| Are you Caymanian? YES \square NO \square | Are you Permanent Resident? YES \square NO \square |
| Date of Birth:(DD/MM/YYYY): | Age: Male □ Female □ |
| Email: | Cell Number: |
| Location: WB GT BT NS EE CYB LC | |
| Are you registered with WORC? YES \square NO \square | Are you currently employed? YES \square NO \square |
| Can you work in the evenings? YES □ NO □ | Saturdays? YES □ NO □ Sundays? YES □ NO □ |
| Education Background (Highest Level of Education) | |
| Less than High School \square Some High School/GED \square Finished High School \square Some College \square Finished College \square | |
| Level completed? TVET Train | ing Completed? |
| Barriers | |
| Do you have any barriers to training? Childcare □ Transportation □ Healthcare □ Housing □ Other □ | |
| Are you in good health (can stand/lift/bend/walk/stoop/no medical issues)? YES \square NO \square | |
| Programme of Interest | |
| PADI Training □ | |
| International Yacht Training \square | |
| Introduction to Craft Skills \square | |
| Heavy Equipment Training □ | |
| Class Time | |
| Are you available to attend classes from: | |
| 9:00 am − 4:00 pm YES □ NO □ | |
| Monday − Friday YES □ NO □ | |

| ction Question |
|---|
| should I be considered for the Scholarship offered by WORC? |
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| ify that the information provided on this form is true and accurate to the best of my knowledge and understand that the |
| ision of or falsification of any information or documentation may impact my registration. Yes \Box No \Box |