



Caribbean Nazarene College

APPLICATION FOR ADMISSION BACHELOR OF ARTS IN SOCIAL WORK

I. PERSONAL INFORMATION

Name _____
(Last) (First) (Middle/Maiden)

Present Address _____

Mailing Address (if different from above) _____

Tel# (Home) _____ (Work) _____ (Cell) _____

Email _____ Fax# _____

Date of Birth _____ Place of Birth _____ Male Female

Citizenship _____ Place of Residence _____ Age _____

Name & Address of Parents _____

Marital Status: Single Engaged Married Separated Divorced Widowed

II. WORK HISTORY (please attach a Curriculum Vitae if available)

Present Occupation _____

Employer & Dates _____

Work Experience _____



III. EDUCATIONAL INFORMATION

List all post-primary schools attended

School	Date Attended	CXC/GCE*	Date Awarded

(*Please forward Notarized Copies of all Pass Slips or Certificates to CNC)

IV. PROGRAMME INFORMATION

Bachelor of Arts in Social Work (5 CXC/GCE or equivalent required for entrance)

BA in Social Work

- Have you applied to CNC previously? _____ When? _____
- Have you been dismissed or denied admission by any other college? _____ If yes, please include explanation on separate sheet.
- Are you transferring from another college? _____. If yes, you will need to attach a statement of explanation and purpose for the proposed transfer. In addition, you must have a letter from the current institution indicating "Student in good standing" status.
- When do you plan to enroll on campus?
August, Semester I _____ **(All Sites)** January, Semester II _____ **(Main Campus Only)**
- How did you hear about this programme?
Television Radio Newspaper Website Social Network Flyer
Referral Pastor/District Superintendent Other



V. FINANCIAL AID & HOUSING

- How do you propose to meet your financial obligations to the College? _____

- Is anyone undertaking to assist you financially? _____ (If yes, please request a sponsorship form).
- Do you plan to apply for scholarship? Yes No (If yes, please request a scholarship form).
- Do you plan to apply for student accommodation?
No Halls of Residence Married Student Housing

VI. CHURCH/RELIGIOUS AFFILIATION INFORMATION

A. To be completed by proponents of the Christian Faith.

Are you saved now? _____ Date converted _____
Present Church _____ Are you a member? _____
Pastor's Name _____ Pastor's Mailing Address _____

Denominational Affiliation of Church _____

B. To be completed by proponents of other religions.

Name of Religious Group/Organization _____
_____ How long have you been a member? _____
Address of Group/Organization _____
_____ Leader's Title & Name _____
Leader's contact information _____

****Please note that the information in A. & B. above will not be used to discriminate against any prospective student. This information will be used solely to guide us in knowing who you are and how we can better serve you. This information will not be given to any other institution or organization for the purposes of coercion, proselyting, or any form of religious discrimination and intolerance.***

However, the CNC Admissions Committee reserves the right to refuse admission to anyone who does not agree to adhere to the rules and guidelines of being a student at CNC.

VII. PERSONAL NARRATIVE

Please submit a personal narrative of five to seven typewritten (double-spaced) pages on the topic 'The Relevance of the Social Worker in Caribbean Societies'. The narrative must include your reason/s for wanting to be involved in this profession.



VIII. PERSONAL COMMITMENT TO THE RULES/BY-LAWS OF CNC

I the undersigned, _____, do hereby state that if accepted as a student of Caribbean Nazarene College, I will seek to adhere to the rules and by-laws of the College and support its activities and programmes to the best of my ability.

Signature _____ Date _____

Signature of Parent/Guardian (If applicant is under 18 yrs of age) _____

***Please submit with this application form, two (2) recent passport size photographs.**

If you have any questions, please contact:

**The Enrollment Management Department
P.O. Box 3781
Cantaro, Santa Cruz,
Trinidad, West Indies.
Tel: 1-868-676-6586 Fax: 1-868-676-2092
cncadmissions@tstt.net.tt
cncadmissionofficer@gmail.com**

FOR OFFICIAL USE ONLY

Date Received _____ Date Response sent _____

Official Transcripts received _____ Original Certificates Seen _____

Signature, Enrollment Management Department

Date