

CARIBBEAN POLYTECHNIC INSTITUTE

Short Course Enrolment Form

For work-based education, professional short courses, and short online courses

*Please complete this form in BLOCK letters. Fields marked * are required.*

1. Course Selection

Course Title * _____

Preferred Start Date / Cohort * _____

Course Type * ☐ Work-Based / In-Person ☐ Short Online Course ☐ Other: _____

2. Personal Information

Full Name *: _____ **Date of Birth:** _____

Mailing Address * _____ **Country of Residence *** _____

Email * _____ **Phone *** _____ / **Mobile*** _____

3. Professional Background

Education ☐ High School Grad ☐ Tech Voc ☐ Tertiary ☐ Other _____

Current Status ☐ Employed ☐ Self-Employed ☐ Student ☐ Unemployed

Occupation / Job Title _____

Organisation / Business Name _____

Submit completed form and any supporting documents (if required) to:
student.recruitment@captech.edu.jm

Form Issue Date: March 2026

Years of Related Experience _____

4. Course Readiness

Complete the items below only if relevant to the course you selected.

For Work-Based Courses	☐ I can attend practical/work-based activities. Workplace (if applicable): _____
For Online Courses	☐ I have reliable internet access. Device: ☐ Laptop/Desktop ☐ Tablet ☐ Smartphone
Additional Note	State any accessibility, scheduling, or support needs: _____

5. Course Fees & Payment

Registration Fee: JMD \$3,000.00 (*non-refundable*)

Course Fee: As listed on course information / website

Payment Option ☐ Full Payment ☐ Payment Plan (if available)

6. Referral

How did you hear about this course? ☐ Website ☐ Social Media ☐ Referral ☐ Workplace ☐ Other

6. Declaration

☐ I confirm that the information provided is accurate.

☐ I understand that enrolment is subject to payment, eligibility requirements where applicable, and space availability.

☐ I agree to receive communication regarding this course and related enrolment matters.

Applicant Signature	Date
_____	_____

Office Use Only:

Received by: _____ Date: _____ Status: _____

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