BARBADOS ACCREDITATION COUNCIL ACT, 2004

(ACT 2004-11)

APPLICATION FORM FOR CERTIFICATION OF RECOGNITION

Name of Applicant: Mr. / Mrs. / Miss .....

Category:

Media Person	☐	Sports Person	☐
Artiste	☐	Musician	☐
Graduate	☐	Nurse	☐
Teacher	☐	Artisan	☐
Household Domestic	☐	Agricultural Worker	☐
Security Guard	☐		
Holder of an Associate Degree or Comparable Qualification	☐		

Date of Birth: ..... **Sex:** Male / Female

Nationality: ..... **Place of Birth:** .....

Passport Number: ..... **Maritial Status**: .....

Occupation: .....

Permanent Address: .....

.....

Telephone Number (local).....

Email address: .....

Registration with Professional Agency: .....

Previous Employment:.....

Last Professional Activity Undertaken: .....

References:

Name: .....

Address: .....

.....

Tel. No.: .....

Name: .....

Address: .....

.....

Tel. No.:.....

DECLARATION

I ..... the applicant, hereby declare that I have knowledge of the categories of prohibited skilled community nationals as set out in the Fifth Schedule to *the Caribbean Community (Movement of Skilled Nationals) Act , 2004* and I hereby declare that I am not a prohibited skilled community national within the meaning of that Act.

Sworn before: .....

Signature

Justice of the Peace

PRINT NAME AND PLACE OFFICIAL STAMP

....

Signature of Applicant Date

FOR OFFICIAL USE ONLY

Category

Agency: .....

I certify that the above named applicant qualifies for recognition under the Barbados Accreditation Council Act, 2004

Authorised Officer: .....

Authorised Signature: .....

Official Stamp

Date: .....

BARBADOS ACCREDITATION COUNCIL

☐ APPROVED ☐ NOT APPROVED

Authorised Officer:.....

Authorised Signature: .....

Official Stamp

Date: .....