OFOTION 24 CINANCIAL ODUCATIONS

	SECTION 3A:	FINANCIAL	OBLIGAT		
Will you be able to fulfill your financial obligation	tions? Yes	No 🗌			
If yes, please state your source of income:	Salary 🗌 🛛 Bank	Loan 🗌 Studer	nt Loan 🗌	Credit Union 🗌	CSJP 🗌
	Other If oth	er, state:			
Are you willing to comply with:	(A) dress code:		Yes 🗌	No 🗌	
	(B) deportment re	egulations?	Yes 🗌	No 🗌	
	SECTION 4: JOB	HISTORY			
Company Name	Position Held	Parish / City	Country	From	То
Have you ever had any teaching experience	? Yes 🗌	No 🗌			
State total years of teaching experience:					

SECTION 5: PERSONAL STATEMENT

If you have left school, have you been working since leaving?

If no, what have you been doing?_

Write a statement that will help us become acquainted with you in ways different from courses, grades, and other objective data and the reason for your choice of this institution. (Use additional paper if needed)

Yes 🗌

No 🗌



Bachelor of Education (Collaboration with UWI)

- Primary Education
- Early Childhood Education
- Early Childhood with Advanced Standing
- (For Diploma Graduates)
- Primary Education with Advanced Standing (For Diploma Graduates)

Associate Degrees (Collaboration with CCCJ and UWI)

- Social Work (CCCJ) Criminal Justice (CCCJ)
- Business Administration (CCCJ) Early Childhood Education (UWI)
- Performing Arts with Concentration in Dance, Drama or Music
- (CCCJ)
- Environmental Studies
- Management Information Systems

Short Programmes

- Caribbean Secondary Examination Council (CSEC)
- SJTC Pre-College

I acknowledge that the information given in this application is complete and accurate.

I hereby certify that I have read and understood the instructions and the information necessary for completing this application.

Signature:

Witness:

Date:

Date:

ST. JOSEPH'S TEACHERS' COLLEGE PAX ET BONUM!

Bachelor of Education Application Form

- 1. Bachelor of Education with Majors in
 - a) Biology
 - b) Physics or
 - Chemistry

2. Bachelor of Education in Mathematics

Also, we have:

- 1. Lower Tuition fees
- 2. Flexible Payment Plans
- 3. Boarding Facilities
- Mentorship Programme
- Academic Advisement for Success
- 6. Comfortable Campus Environment
- 7. Comfortable and Multiple Study Spaces

Apply Now!

https://isims.sjtc.edu.jm/apply/ Documents needed

leaders

- 1. 1 Passport Size Photograph
- 2. Birth Certificate
- Academic Certificates
- Marriage Certificate (if applicable)
- 2 Reference Letters
- 6. Transcript (Advanced Standing Students ONLY)

Contact Details Email: info@sjtc.edu.jm and Admissions@sjtc.edu.jm Contact number: 876 926 6659 Address: 16 Old Hope Road Kingston 5

				ACHERS' COLLEGE ton 5, Jamaica, West Indies		то			SECTION 2: ACAI Institutions				
	113		Tel: (876) 926-6659	PHO		School Name / Ty	pe	Street / District	Parish / City	Country	From	То
	(\mathcal{S})	Δ		ION FORM									
PAX ET B	ONUM		_	UCATION DEGREES									
·				/									
		ACADEMIC		I									
Instructions:		orms in BLOCK CAPITAL pleted application to the		accurately (Forms not properly fille	ed out will not be processed)								
		PRO	GRAMM	E OFFERINGS					Qualifica	ations			
		(Please specif	fy the progra	amme that you intend to pursu	e)		*Status	Examining Body	Subject Area		Grade	Date	
	-	oncentration in Chemistry oncentration in Mathematics		Ed. in Primary Education with specialization								/	./
B. Ed. in Early Ch	hildhood with speciali	zation in Language Arts	B. E	Ed. in Early Childhood with specialization in Ed. in Primary Education with specialization	n in Language Arts & Social Studies								
B. Ed. in Seconda	•	oncentration in Biology oncentration in Physics		Ed. in Primary Education with specialization Ed. in Early Childhood Education with Adva		zation)						/	
		ith Advanced Standing (Langu	•										./
		nced Standing (Language Arts nced Standing (Mathematics &										/	./
		🗌 Fu	ll Time	Part Time									.1
		SECTI	ION 1: PE	RSONAL DETAILS									./
													.1
Surname:	(BLOCK CAPITALS)			Christian Name:									./
Middle Name(s)	,			Maiden Name:			*Obtained / Pending / Sitti						./
Gender:	Male	Female		TRN:			*Obtained / Pending / Sittin	ıg					
Marital Status:_				Date of Birth:				SI	ECTION 3: ACTIVITIES	S & REFERENCES			
National of:				City / Parish:			Offices Held:			Plassa giva two	roforonoos	holow	
Home Address:				Country:			Games Played:			Please give two	Telefences	Delow.	
Street:				Phone No. 1:			Hobbies:			Reference 1			
Email Address:				Phone No. 2:			Clubs:			Name:			
Do you have a	nv disabilities?	Yes 🗆 🛛 No	D 🗆 Please	e specify:						Address:			
Emergency	-						Responsibilities / Duties:			Phone No:			
				Occupation:						Occupation:			
				•					_	Relation to you:			
										Reference 2			
Religious Affiliation / Denomination:							Name:						
				will be able to participate in th		s:	Do you play a musical i		- No 🗌	Address:			
Physical Educati	ion	Yes 🗌	No 🗌	Music and Movement	Yes 🗌 No 🗌]	If yes, please state: How did you hear about			Phone No:			
Daily College W	/orship	Yes 🗌	No 🗌	Chapel Service	Yes 🗌 No 🗌		Career Day Web		st 🗌 Newspaper	Occupation:			
Christmas Lunch	n	Yes 🗌	No 🗌	Graduation	Yes 🗌 No 🗌]	☐ Friend/Family ☐ So		Other	Relation to you:			
lf yes, please e	explain:									Teletion to you.			

ct	Parish / City	Country	From	То

Grade	Date