

## PERSONAL INFORMATION FORM

Award Category: Age Group 18 - 24 Years

**PERSONAL DATA:** Please enter your name exactly as it appears on your Birth Certificate.

Candidate's Full name: (Mr. /Mrs./Miss) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

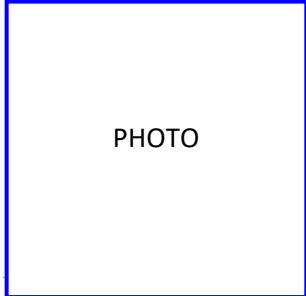
Email Address: \_\_\_\_\_

I am a Jamaican Citizen:  Yes  No *(State where)*

TRN Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: *DD / MM / YYYY*



### ALTERNATE CONTACT:

Next of Kin's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ACADEMIC ACHIEVEMENTS:

SCHOOLS ATTENDED

DATES ATTENDED

CERTIFICATION / AWARD

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If currently enrolled in a programme please indicate the following:

Graduation Date: \_\_\_\_\_

Certificate/Degree to be Conferred: \_\_\_\_\_



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**SECONDARY/TERTIARY INSTITUTION:** List Extra-curricular activities you participated in such as clubs, athletics, etc.

*ACTIVITIES*

*DATES*

*AWARDS / OTHER RECOGNITION*

**CAREER PLANS:** *(where applicable)*

*LIST WHAT YOU PLAN ON DOING / STATE AREAS OF INTEREST:*

*EXPLAIN REASON FOR CHOICE(S)*

*HOW ARE YOU PREPARING ACADEMICALLY OR OTHERWISE IN PURSUIT OF THESE GOALS?*

Describe your transition into tertiary studies and what you have learned about yourself in the process.

### EMPLOYMENT/CO-OPERATIVE EDUCATION:

List all jobs/co-op placements you have held beginning with the most recent.

JOB / CO-OP PLACEMENT TITLE	DATES

### COMMUNITY SERVICE: List Community Service activities (Youth, Family, Education) in which you have participated as a volunteer.

Activities	Time Commitment / Responsibilities	Period of Service (MM/YYYY – MM/YYYY)

### OTHER ACTIVITIES: List other activities in which you have participated that are not school or service related.

Activities	Time Commitment / Responsibilities	Period of Service (MM/YYYY – MM/YYYY)

### PROGRAMME REACH: How did you learn about the Governor-General's Programme for Excellence Youth Awards?

- Person who nominated you
- Friend or Family Member
- Internet
- Former Award Recipient
- Radio / Television
- Newspaper Article
- School Forum / Office
- Community Fair / Parish Office
- Other (please specify)

I hereby declare that the information provided in this document is true. Further, I understand that information found to be untrue will disqualify me from participation in the programme indefinitely.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date (MM – DD – YYYY)*



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## INFORMATION ABOUT YOUR NOMINATOR:

Full name:

Occupation:

Mailing Address:

Contact Numbers:

Email Address:

Are you related? If yes, how?

## REQUIREMENT:

### Interview Component for Candidate Selection

Persons who meet all the requirements outlined will be invited by the Parish Committee for an interview. In preparation should you be called, please refer to [Document Number GGAA-100b - 'Discussion Question'](#). In addition to informing the panel about your contribution(s) within your community, serving above self, you will be asked to share your perspective on a topic of national relevance. (Select question per Age Group Category)



### **FOR OFFICIAL USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Nomination Form Received                     | <input type="checkbox"/> Personal Information Form with Photo Received        |
| <input type="checkbox"/> Original Certificates / Transcripts Received | <input type="checkbox"/> Character References Received                        |
| <input type="checkbox"/> Character References Verified                | <input type="checkbox"/> Nomination Registered with National Coordinator (KH) |
| <input type="checkbox"/> Candidate Selected for Interview             | <input type="checkbox"/> Candidate's Interview Completed                      |

Special Notation: \_\_\_\_\_

Checked by (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date: \_\_\_\_\_