

PERSONAL INFORMATION FORM

Award Category: Age Group 25 - 35 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*

PHOTO

ALTERNATE CONTACT:

Next of Kin's Full Name:

Address:

Phone Contact Number:

Email Address:

ACADEMIC ACHIEVEMENTS:

SCHOOLS ATTENDED

DATES ATTENDED

CERTIFICATION / AWARD

If currently enrolled in a programme of study please indicate the following:

Graduation Date:

Certificate/Degree to be Conferred:

SECONDARY/POST-SECONDARY INSTITUTION:

List Extra-curricular activities you participated in such as clubs, athletics, etc.

ACTIVITIES	DATES	AWARDS / OTHER RECOGNITION

CAREER PLAN: (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 personal development over the years 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.

<i>JOB / CO-OP PLACEMENT TITLE</i>	<i>DATES</i>

COMMUNITY SERVICE: List Community Service activities in which you have participated as a volunteer.

<i>Activities</i>	<i>Time Commitment / Responsibilities</i>	<i>Period of Service</i> <small>(MM/YYYY – MM/YYYY)</small>

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

<i>Activities</i>	<i>Time Commitment / Responsibilities</i>	<i>Period of Service</i> <small>(MM/YYYY – MM/YYYY)</small>

LEADERSHIP ROLE(S): List the three (3) most important activities in the areas of 'Youth', 'Family' and/or 'Education' in which you took a leadership role.

SERVICE ACTIVITY / ORGANIZATION	POSITION HELD	RESPONSIBILITIES
1.		
2.		
3.		

For each Service Activity / Organization above, why it was important for you to assume the responsibility of leader.

1.
2.
3.

Using one or two specific examples from the leadership experiences listed above, describe how your successes and failures have contributed to your development as a leader. *(You may add pages if necessary.)*

PROGRAMME REACH: How did you learn about the Governor-General's Achievement Awards?

- | | | |
|--|--|--|
| <input type="radio"/> Person who nominated you | <input type="radio"/> Friend or Family Member | <input type="radio"/> Internet |
| <input type="radio"/> Former Award Recipient | <input type="radio"/> Radio / Television | <input type="radio"/> Newspaper Article |
| <input type="radio"/> School Forum / Office | <input type="radio"/> Community Fair / Parish Office | <input type="radio"/> 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)

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)



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- | | |
|---|---|
| <input type="checkbox"/> Nomination Form Received | <input type="checkbox"/> Personal Information Form with Photograph 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: _____