

*** *** Governor-General's Programme For Excellence *** ***

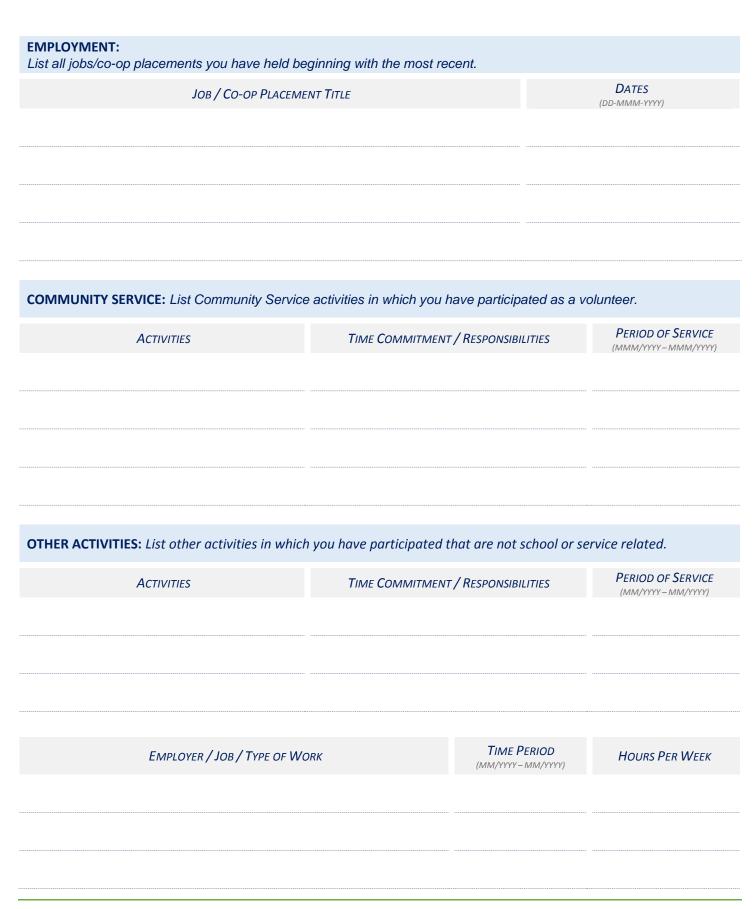
Governor-General's Achievement Awards – Diaspora



PERSONAL INFORMATION FORM

PERSONAL DATA: Please enter your given name(s) and family name exactly as it appears on your Birth Certificate.				
Candidate's Full name:				
Mailing Address:				
Phone Number:	Email Address:			
Nationality:	Age Category:	Under 35 yrs.	🗖 35yrs. / over	
Place of Birth:	ID Number:			
ALTERNATE CONTACT:				
ALTERNATE CONTACT.				
Next of Kin's Full Name:				
Mailing Address:				
Phone Number:				
Email Address:				
EDUCATION:				
SCHOOLS ATTENDED	DATES ATTENDED (DD-MMM-YYYY)	CERTIFICATION / AWARD		







LEADERSHIP ROLE(S): *List the three (3) most important activities in which you took a leadership role.*

	SERVICE ACTIVITY / ORGANIZATION	Position Held	RESPONSIBILITIES
1.			
2.			
3.			

Briefly explain what "EXCELLENCE" means to you.

PROGRAMME REACH:

How did you learn about the Governor-General's Programme For Excellence & the Jamaica Diaspora Award?

O Former Award Recipient

O Friend or Family Member

- O Internet Search
- O Jamaican Overseas Mission

O Radio

❑ Social Media

- Contended Cont
- O Newspaper Article
- O Other (please specify)



REFERENCES: Provide information for two (2) Referees	s who are not members of your family.	
Referee 1:	Referee 2:	
Address:	Address:	
Phone Number:	Phone Number:	
NOMINATOR'S INFORMATION:		
Full name:		
Relationship to Nominee:		
information found by the selection committee to be	ovided in this application is true. Further, I understand that any e untrue will disqualify me from participation in the programme recipient of a Governor General Award or other National Award	
Applicant's Signature	Date (DD –MMM – YYYY)	
FOR OFF	FICIAL USE ONLY	
Application Form Received	Certified Pictures Received	
Original Certificates / Transcripts Received	Character References Received	
Character References Verified	Application Registered with National Coordinator (KH)	
Candidate Selected for Interview	Candidate's Interview Completed	
Special Note:		
Checked by (Print Name):	Signature:	
Position Title:	Date:	
	(DD-MMM-YYYY)	