



BARBADOS ACCREDITATION COUNCIL ACT, 2004

(Act 2004 -)

APPLICATION FORM FOR CERTIFICATION OF RECOGNITION

Name of Applicant: Mr./Mrs./Miss

Category: Media Person	<input type="checkbox"/>	Sports Person	<input type="checkbox"/>
Artiste	<input type="checkbox"/>	Musician	<input type="checkbox"/>
Graduate	<input type="checkbox"/>	Nurse	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	Artisan	<input type="checkbox"/>
Holder of an Associate Degree or a comparable qualification	<input type="checkbox"/>		

Date Month Year

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

Nationality: **Place of Birth:**

Passport Number: **Marital 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 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 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: