



Registration Apprenticeship Training Employment and Development (RATED) Programme

REGISTRATION FORM

First Name:	Middle Name:	Surname:	For Official Use
Address:	District where you live:		
Telephone:	Mobile:	Email:	Registration accepted? (Y/N)
Date of Birth:	Age:	Gender:	
Are you a Virgin Islander/Belonger? (Y/N)	Belonger Card No:		If No Give Reason(s):
Tax ID Number:	Social Security No:	NHI Number:	
Driver's License No:	Passport No:		
Emergency Contact (Name and Phone Number):			
Programme Pathway you are applying for: <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Training & Education			
Type of Work you are interested in:			
<input type="checkbox"/> Landscaping <input type="checkbox"/> Bush Cutting <input type="checkbox"/> Painting of curbs/guard rails <input type="checkbox"/> Ghut Cleaning <input type="checkbox"/> Litter Collection <input type="checkbox"/> Construction <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrician <input type="checkbox"/> Repairs to Basketball Courts and other Recreational Facilities/Spaces <input type="checkbox"/> Administrative/Clerical Work <input type="checkbox"/> Data entry/digitization of paper records <input type="checkbox"/> Culinary/Hospitality/Tourism <input type="checkbox"/> Agriculture/Fisheries <input type="checkbox"/> Legal/Professional Services <input type="checkbox"/> Goods and Services <input type="checkbox"/> Financial/Insurance <input type="checkbox"/> Statutory Body <input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Wholesale/Retail Trade <input type="checkbox"/> Real Estate <input type="checkbox"/> Marine/Yachting <input type="checkbox"/> Other _____			
Are you physically able to perform the kind of work requested (Y/N)?			
Please list any disabilities you may have:			
Please list your highest level of education achieved:			
Please list your labour skills if applicable:			

Please list your work experience if applicable:		Notes/Comments:
Please list your computer skills if applicable:		
Declaration: I, _____, declare that the information submitted in this form is accurate to the best of my knowledge. I understand that submission of false information can adversely affect my approval to participate in the RATED Programme. I also agree that if I am selected to participate in the programme and I accept the offer presented I will abide by the conditions of the work/training opportunity and I will perform my responsibilities under the opportunity with diligence.		
Signed:	Date:	

Received by: _____ Date: _____

Approved by: _____ Date: _____

Copies of Documents attached:

Belonger Card Passport Driver's License Tax ID Registration Social Security Card
 NHI Card

Resume (Optional)

Submit completed form to Premier's Office on 2nd Floor Cutlass Tower Road Town Tortola or at the District Offices located on the Sister Islands or email to premieroffice@gov.vg