

Guyana Council of Organisations for Persons with Disabilities

Address: 44 High Street, Werk en Rust, Georgetown, Guyana Email: gcopd2017@gmail.com | Tel#: 592 231 7976

APPLICATION FORM

Instructions

- Please complete the form in block letters.
- Please send the completed application form to training.gcopd@gmail.com

BIOGRAPHIC DATA			
Full Name			
Date of Birth (dd:mm:yr)			
Mailing Address			
Administrative Region of Residence			
Telephone	Home:	Mobile:	
Email			
Type of Disability	Physical Disability Blind or Visually Impaire	od.	
	Learning Disability	.u	
	Intellectual Disability		
	Deaf		
	Other (please specify)		



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EDUCATION		
Level of Education	Primary School () Secondary School ()	Tertiary Institution()
Have you ever participated in any skills training programme?	Yes () No ()	
If yes, what was the area of training?		
EMPLOYMENT EXPERIENCE	E	
Have you ever been employed?	Yes () No ()	
If yes, please state your last place of employment		
If you were employed, what was your area of work?		
If you were never employed, what was the reason for your unemployment status?		
TRAINING REQUIREMENTS	5	
Please tick the skill area(s) that you are interested in:		
 □ Basic Cosmetology □ Computer Skills Training Using JAWS □ Computer Skills Training □ Food Preparation 	 □ Cake Decorating & Pastry Making □ Computer Programming □ Website Development & Management □ Orientation & Mobility 	□ Robotics□ Plumbing□ Data Operations□ Shade House Farming
If other inlease state:		