



**Ministry of Education, Sustainable Development, Innovation Science,
Technology and Vocational Training**

Saint Lucia Human Capital Resilience Project
CVQ/NVQ Registration Form

Register your interest to pursue a Technical and Vocational related training

First Name: _____

Last Name: _____

Date of Birth Month: _____ Day _____ Year _____

Sex: Male Female

District:

Castries	Canaries	Vieux Fort
Gros Islet	Anse la Raye	Micoud
Dennery	Choiseul	
Soufriere	Laborie	

Constituency:

Gros Islet	Castries South	Vieux Fort South
Babonneau	Anse la Raye/Canaries	Micoud North
Castries East	Soufriere	Micoud South
Castries North	Choiseul	Dennery North
Castries Central	Laborie	Dennery South
Castries South East	Vieux Fort North	

Residential Address: _____

Email Address: _____

Telephone number(s): Home _____ Mobile _____ Work _____

Do you live in a Ministry of Equity Public Assistance Programme beneficiary household?

Yes No

If yes, what is your Public Assistance Programme card number? (Please state in full with first 3 letters and last 3 numbers, e.g., DEN765) _____

I am interested in:

Daytime Classes Evening Classes Assessment of Prior Learning



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I wish to be trained in the following occupational area:

CVQ/NVQ OCCUPATIONAL AREA	FIRST CHOICE	SECOND CHOICE
Agro Processing		
Auto Mechanics		
Bar Tending		
Boating Operations		
Cake Making & Decorating – Level 2		
Care of the Older Adult – Level 2		
Cookery/Culinary Arts		
Crop Production		
Customer Service		
Early Childhood Education		
Electrical Installation – Level 1		
Electrical Installation Level 2		
Hair Design		
House Keeping		
IAB- Accounts		
IT A+		
Manufacture Sewn Products – Level 2		
Massage Therapy		
Nail Design		
Out Board Engine Repair		
Pastry		
Plumbing - LI		
Restaurant Server		
Wall and Floor Tiling – L2		

My preference for training is in the:

North South

NB: You will be assigned to a Centre where the course is being offered.



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I will require:

- | | | | | |
|--------------------------------|-----|--------------------------|----|--------------------------|
| 1. Child Care Services | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Transportation Fees Support | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Training Resources | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Assessment Fees Support | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Tuition Fees Support | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Additional Comments (If Any):

NB Once enrolled, you will be required to provide us with additional information for example NIC number.

Signature: _____

Date: _____

Upon completion, forms should be submitted to the office where the form was collected.
If completed online, forms should be submitted via email to secslhcrp2021@gmail.com
Forms can also be submitted to the **Secretary of the Permanent Secretary, Ministry of
Education, 4th Floor, Francis Compton Building, Waterfront, Castries**

Deadline for submission of Registration Forms is Tuesday, 20 June 2023.