



UNIVERSITY OF TECHNOLOGY, JAMAICA
STUDENT WELFARE OFFICE
EARN & STUDY APPLICATION FORM

SUMMER SEMESTER

Student Instruction Sheet

1. Please read the instructions carefully before completing this form and answer all relevant questions. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
2. Applicants are required to complete all sections of the form in **BLOCK LETTERS** only. Please indicate 'N/A' where the information requested in a section is not applicable to your situation.
3. Completed application forms should be submitted to the Financial Aid's Welfare Unit, Student Services Building.
4. Applicants are required to attach a copy of their most recent **PROGRESS REPORT AND A COPY OF YOUR SCHOOL ID CARD.**
5. Salaries for the Earn and Study students will no longer be paid by cheques but will be sent directly to your NCB Keycard Cash account. Please complete the attached, **DATA SHEET FOR DIRECT DEPOSIT** to your card or fill out the Prepaid Keycard Application and return to the Welfare Office, otherwise you will **NOT BE PAID.**
6. Working hours on the Earn and Study Programme are between 8:00 a.m. - 4:00 p.m. - Mondays to Fridays, unless otherwise stated by your department. **Students attending Summer school will not be allowed to attend classes during the working period (8 am - 4pm)**
7. **ALL FINAL PAYMENTS WILL BE MADE BY CHEQUE TO FACILITATE THE SUBMISSION OF ALL EVALUATION FORMS**
8. Students on the Summer Earn and Study programme are required to work a 40 hour work week, Mondays - Fridays. The programme runs for Fourteen (14) weeks; successful applicants will be engaged from **Monday, May 14, 2018.**

Application Period: March 19, 2018 - April 13, 2018.

Programme Duration: May 14, 2018 - August 17, 2018
9. Orientation Workshop will be held on Friday May 11, 2018 at 9:00 a.m. sharp. All selected participants are expected to attend orientation and a register will be available for signing.
10. Students who do not attend Orientation are not guaranteed placement on the programme.
11. Students who have worked in Semesters I and II of the 2017/18 Academic Year will **NOT BE ELIGIBLE FOR PLACEMENT.**



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| 1.0 BIOGRAPHIC PROFILE | | | | | |
|--|------------|--|--|--|----------|
| 1. ID # | 2. TRN # | 3. Title: Mr. Mrs. Ms. Miss Other _____ (State) | | | |
| 3. NAME | Last Name: | First Name: | | Middle Name(s): | |
| 4. FORMER NAME <i>(If Applicable)</i> | Title: | Last Name: | First Name: | Middle Name(s): | |
| 5. Name Type of Former Name: Maiden <input type="checkbox"/> (Prior to) Deed Poll <input type="checkbox"/> Other <input type="checkbox"/> Please Specify _____ | | | | | |
| 6. Date of Birth: dd / mm / yyyy | | 7. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | 8. Martial Status: _____ | |
| 9. Country of Birth: | | | 10. Nationality: | | |
| 11. Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please State _____ | | 12. Employment Status: | | 13. Employer: | |
| 2.0 CONTACT INFORMATION | | | | | |
| 14. Permanent Address Apt/Street/P.O. Box _____ _____ _____ | | | 15. Term Address (if you reside on Hall please provide full details) Apt/Street/P.O. Box _____ _____ _____ | | |
| City/Town: | Parish: | Country: | City/Town: | Parish: | Country: |
| 16. Home Phone: | | 17. Cellular Phone: | | 18. Home Phone: | |
| | | | | 19. Cellular Phone: | |
| 20. E-mail Address: _____ | | | | | |
| 3.0 ACADEMIC PROFILE | | | | | |
| 21. First Faculty of Admission: | | | 22. Present Faculty: | | |
| 23. Programme: | | | 24. State your Major: | | |
| 25. Indicate Your Enrollment Status: Fulltime <input type="checkbox"/> Evening <input type="checkbox"/> | | | | 29. Year of Study: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | |
| 27. Have you Transferred from a Community College? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state _____ | | | | | |
| 28. Expected Date of Graduation: dd / mm / yyyy | | | 29. Hall of Residence (Residing): | | |



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| 4.0 PARENTAL INFORMATION | | | | |
|--|---------------|--|----------------|--------------|
| Mother/Stepmother/Caregiver (Omit as necessary) | | Father/Stepfather/Caregiver (Omit as necessary) | | |
| 30. Name _____ | | 37. Name _____ | | |
| 31. Address _____ _____ | | 38. Address _____ _____ | | |
| 32. Telephone (W): | | 39. Telephone (W): | | |
| 33. Telephone (H): | | 40. Telephone (H): | | |
| 34. Occupation: | | 41. Occupation: | | |
| 35. Employer: | | 42. Employer: | | |
| 36. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[] | | 43. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[] | | |
| 5.0 SPOUSAL INFORMATION | | 6.0 DEPENDENT(S) | | |
| 44. Name: | | 52. Name | | 53. Age: |
| 45. Address (If different from Applicant's Permanent Address) _____ _____ _____ | | 54. School | | |
| | | 55. Name | | 56. Age: |
| | | 57. School | | |
| | | 58. Name | | 59. Age: |
| 46. E-mail Address: | | 60. School | | |
| 47. Telephone (W): | | 61. Other Dependent(s)? Yes [] No [] | | |
| 48. Telephone (H): | | Please Specify _____ _____ | | |
| 49. Occupation: | | _____ | | |
| 50. Employer: | | _____ | | |
| 51. Salary \$ _____ Weekly -[] Fortnightly -[] Monthly -[] | | _____ | | |
| 7.0 WORK EXPERIENCE | | | | |
| 62. Indicate jobs held within last five(5) years (including vacation and part-time employment) | | | | |
| Organisation Name | Position Held | From | To | Salary/Month |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | dd / mm / yyyy | dd / mm / yyyy | |
| | | | | |



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| 8.0 EARN & STUDY WORK EXPERIENCE | | |
|---|---|---------------|
| 63. Have you ever worked on the Earn & Study Programme before? Yes <input type="checkbox"/> No <input type="checkbox"/> , If yes list below | | |
| Department | Period | Academic Year |
| | Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/> | |
| | Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/> | |
| | Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/> | |
| | Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/> | |
| | Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/> | |
| | Semester 1 and 2 <input type="checkbox"/> Summer <input type="checkbox"/> | |
| 10.0 STUDENTS LOAN | | |
| 64. Did you apply to the Students Loan Bureau (SLB) for the current academic year? Yes [] No [] | | |
| If Yes, Amount Received: Loan \$ _____ Grant \$ _____ | | |
| If No, Why _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 11.0 JAMVAT/NYS | | |
| 65. Have you benefitted from JAMVAT/NYS? Yes [] No [] | | |
| If Yes, Amount Received: \$ _____ Academic Year _____ / _____ | | |

N.B.: Students are only allowed to apply once per academic year for Earn and Study.



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SKILLS INVENTORY

Name: _____ ID#: _____

Faculty: _____

Please Indicate any special skill that you possess by placing a tick (✓) in the appropriate section, which will indicate whether you are knowledgeable, have any certificates or work experience in the specific area.

| | SKILL AREA | KNOWLEDGE | CERTIFICATE | WORK EXPERIENCE |
|----|-------------------------|------------------|--------------------|------------------------|
| 1 | Accounting | | | |
| 2 | Administration | | | |
| 3 | Customer Service | | | |
| 4 | Data Entry | | | |
| 5 | Computer Applications | | | |
| 6 | Programming | | | |
| 7 | Computer Networking | | | |
| 8 | Webpage Design | | | |
| 9 | Teaching | | | |
| 10 | Tutoring | | | |
| 11 | Researching | | | |
| 12 | Electrical Technician | | | |
| 13 | Mechanical Technician | | | |
| 14 | Carpentry | | | |
| 15 | Painting | | | |
| 16 | A/C Technician | | | |
| 17 | Refrigerator Technician | | | |
| 18 | Housekeeping | | | |
| 19 | Waitering | | | |
| 20 | Culinary | | | |
| 21 | Dancing | | | |
| 22 | Drama | | | |
| 23 | Life Guard | | | |
| 24 | First Aid | | | |
| 25 | Other Please Specify | | | |
| 26 | (a) | | | |
| 27 | (b) | | | |



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| | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 12.0 SUPPORTING DOCUMENTS | | | | | |
| <u>Documents Submitted</u> | | | | | |
| 94. Applicant must attach the following documents: | | | | | |
| <ul style="list-style-type: none"> o A copy of your most recent Progress Report o A copy of your School ID card | | | | | |
| 13.0 FOR OFFICIAL USE ONLY | | | | | |
| <u>PLACEMENT DETAILS</u> | | | | | |
| Programme Assigned: Regular [<input type="checkbox"/>] Expanded [<input type="checkbox"/>] DSF Special [<input type="checkbox"/>] | | | | | |
| Location:- _____ Supervisor's Name :- _____ Supervisor's Ext.:- _____ | | | | | |
| Employment Period:- From (Date Start):- _____ To (Date Ended):- _____ | | | | | |
| Student Welfare Officer's Signature: _____ | | | | | |
| Date: _____ | | | | | |
| <u>PLACEMENT RANKING</u> | | | | | |
| | Never Worked | Worked Once | Worked Twice | Worked Three Times | Worked Four Times |
| Rank | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Comments:- | | | | | |



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DATA SHEET FOR DIRECT DEPOSIT

GENERAL INFORMATION

NAME: _____
ADDRESS: _____
FACULTY: _____
ID #: _____
TELEPHONE #: (Cell) _____ (Other) _____

BANKING INFORMATION

BANK NAME: National Commercial Bank (Keycard Cash)

KEYCARD CASH CARD #: _____

*NB. If you do not have a Keycard, please collect a "Prepaid Keycard Application Form" at the Student Welfare Office. **Lunch Cards numbers are not eligible.***

E-MAIL INFORMATION

EMAIL ADDRESS: _____

DECLARATION

I declare that the information above is true and correct and accept responsibility for the validity of the information provided.

Signature: _____

Date : _____

Please attach a copy of your valid School ID and proof of banking information

**Return form to: Student Welfare Unit
Department of Student Financing
University of Technology, Jamaica
237 Old Hope Road,
Kingston 6**