



**GOVERNMENT OF THE
VIRGIN ISLANDS**

Ministry of Financial Services, Economic
Development and Digital Transformation

**Apprenticeship Training Employment and Development (RATED) Programme
REGISTRATION FORM**

Please read carefully before proceeding to complete this application:

1. The RATED programme is open to **unemployed Virgin Islanders/Belongers ONLY**.
2. If you are employed on a full-time basis, you are **NOT eligible** to participate in this programme.
3. Public Officers are **NOT eligible** to participate in this programme.
4. You must submit a copy of a valid Belonger Card or British Overseas Territory Citizen (Virgin Islands) Passport in support of this application.

Please ensure that the application form is completed clearly.

***Required Fields (Sections MUST be completed)**

PERSONAL INFORMATION			For Official Use
*First Name:	*Middle Name:	*Surname:	
*Physical Address:		*District where you live:	
*Contact Number(s):		Email:	If No Give Reason(s):
*Date of Birth (D/M/Y):	*Age:	*Gender:	
*Are you a Virgin Islander/Belonger? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, please see note #1 above) (NOT ELIGIBLE)</i>			
*Belonger Card No:	*Passport No:	*Social Security No:	
*Tax ID Number:	*NHI Number:	Driver's License No:	
*Emergency Contact (Full Name and Contact Number): Name: _____ Contact Number: _____			
EMPLOYMENT STATUS			
*I am: <input type="checkbox"/> presently unemployed and not receiving any income <input type="checkbox"/> presently employed on a part-time basis *Place of Employment: _____ *Days of Work: _____ *Hours of Work: Begin: _____ End: _____ <input type="checkbox"/> presently self-employed and not receiving any income <input type="checkbox"/> presently employed on a full-time basis <i>(Please see note #2 above) (NOT ELIGIBLE)</i>			
SKILLS & WORK EXPERIENCE			
*Please list your highest level of education attained:			
*Have you supervised before? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Largest Team Supervised: <input type="checkbox"/> 1 – 10 <input type="checkbox"/> 11- 25 <input type="checkbox"/> 26 - 40 <input type="checkbox"/> 40+	

*Please list your work experience, if applicable: <i>(May use separate sheet if necessary)</i>	
*Programme Pathway of Interest: <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Training and Education	
*Areas of Interest <i>(Please select THREE (3) ONLY):</i> If an area of interest is not listed, please indicate in the category 'Other'	
<input type="checkbox"/> Landscaping/Bush Cutting <input type="checkbox"/> Painting (curbs/guard rails, etc.) <input type="checkbox"/> Ghut Cleaning <input type="checkbox"/> Waste Management <input type="checkbox"/> Construction <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrician <input type="checkbox"/> Plumbing <input type="checkbox"/> Repairs to Recreational Facilities and other spaces <input type="checkbox"/> Agriculture/Fisheries <input type="checkbox"/> Marine/Yachting <input type="checkbox"/> Trucking Services (<i>3yd Truck</i>)	<input type="checkbox"/> Communications/Public Relations <input type="checkbox"/> Administrative/Clerical Work <input type="checkbox"/> Data entry/Digitisation of paper records <input type="checkbox"/> Culinary/Hospitality/Tourism <input type="checkbox"/> Legal/Professional Services <input type="checkbox"/> Goods and Services <input type="checkbox"/> Janitorial Services <input type="checkbox"/> Financial/Insurance <input type="checkbox"/> Statutory Body/Agency <input type="checkbox"/> Health Sector <input type="checkbox"/> Education <input type="checkbox"/> Wholesale/Retail Trade <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____
*Indicate tools currently owned (if applicable): <input type="checkbox"/> Weed Eater <input type="checkbox"/> Machete/Cutlass <input type="checkbox"/> Sweeper Broom <input type="checkbox"/> Hedge Sheers (Clipper) <input type="checkbox"/> Other _____	
*Are you physically able to perform the type of work selected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any disabilities you may have:	
*Declaration: I, _____, declare that the information submitted on 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 comply with the conditions of the work/training opportunity and I will perform my responsibilities with diligence.	
Signature:	Date:

Please check all supporting documents attached in support of your application:

**Documents below with asterisk (*) must be attached to all applications, where applicable.*

- | | |
|--|---|
| <input type="checkbox"/> Belonger Card* | <input type="checkbox"/> Social Security Card* |
| <input type="checkbox"/> Passport* | <input type="checkbox"/> National Health Insurance (NHI) Card* |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Resume <i>(Please attach if interested in Employment within an office setting)</i> |
| <input type="checkbox"/> Tax ID Registration | <input type="checkbox"/> Diploma/Degree <i>(Please attach if interested in Employment within an office setting)</i> |

Submit completed application form to:

(Please ensure that application is completed as required and all supporting documents are attached)

Permanent Secretary
Ministry of Financial Services, Economic Development and Digital Transformation
2nd Floor Romasco Place, Road Town, TORTOLA

or

District Offices located on the Sister Islands