



**GUYANA**  
**MINISTRY OF EDUCATION**  
**CYRIL POTTER COLLEGE OF EDUCATION**  
**2024 APPLICATION FOR NEW COHORTS**

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Dear Potential Student:

Thank you for your interest in pursuing initial teacher education and training at our noble institution. The Principal and staff are anxiously awaiting to welcome you. Therefore, it is with great pleasure that I take this opportunity to encourage you to fill in all the fields on the Application Form **correctly** since failure to do so may result in your being denied entry to the College.

Thank you.

Warm regards,  
Principal

**SECTION A: PERSONAL INFORMATION**

1. **NAME:** (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Other) \_\_\_\_\_

2. **ADDRESS:** \_\_\_\_\_

3. **REGION:** \_\_\_\_\_

4. **EMAIL:** (Print Carefully) \_\_\_\_\_

5. **PHONE NUMBER:** (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

6. **DATE OF BIRTH:** (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ 7. **GENDER:**  Male  Female

8. **MARITAL STATUS:**  Married  Common Law  Divorced  Widowed  Single

**SECTION B: STUDENT IDENTIFICATION**

9. **NATIONAL IDENTIFICATION:** (N<sup>o</sup>) \_\_\_\_\_ (Date of Issue) \_\_\_\_\_

10. **NATIONAL INSURANCE:** (N<sup>o</sup>) \_\_\_\_\_ (Date of Issue) \_\_\_\_\_

11. **PASSPORT:** (N<sup>o</sup>) \_\_\_\_\_ (Date of Issue) \_\_\_\_\_

**12. NEXT OF KIN/EMERGENCY CONTACT:**

(Full Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_ (Telephone N<sup>o</sup>) \_\_\_\_\_

## SECTION C: PROFESSIONAL INFORMATION

13. Are you currently employed as a teacher?  Yes  No

If YES, please provide the following information.

14. Name of Employer:  Ministry of Education  Private First Appointment: \_\_\_\_\_  
DD / MM / YYYY

15. Name of school to which you are attached: \_\_\_\_\_

16. Subject(s) and Grade(s) currently being taught (Early Childhood and primary applicants should only indicate Grade): \_\_\_\_\_

## SECTION D: AREA OF SPECIALISATION

17. **PROGRAMME:**

- Associate Degree in Education
- Technical Teachers' Education
- Graduate Teachers' Education

18. **SPECIALISATION:**

- General Education: Early Childhood
- General Education: Primary
- General Education: Secondary Academic
- General Education: Secondary TVET
- Special Education: Early Childhood
- Special Education: Primary
- Special Education: Secondary
- Health and Family Life Education: Early Childhood
- Health and Family Life Education: Primary
- Health and Family Life Education: Secondary
- Literacy Studies: Primary
- Literacy Studies: Secondary

19. **MAJOR OPTION:**

- Agricultural Science
- Business Studies
- English Language
- French
- Home Economics
- Industrial Technology
- Information Technology
- Mathematics
- Music
- Physical Education
- Portuguese
- Pure Sciences
- Social Studies
- Spanish
- Visual Arts

- 20. MINOR OPTION:**
- Agricultural Science
  - Business Studies
  - English Language
  - Food and Nutrition
  - French
  - Home Management
  - Industrial Technology
  - Information Technology
  - Mathematics
  - Music
  - Physical Education
  - Portuguese
  - Pure Sciences
  - Social Studies
  - Spanish
  - Textile Studies
  - Visual Arts

**SECTION E: QUALIFICATIONS**

**21. ACADEMIC RECORD: CSEC/CXC**

	<b>Subjects</b>	<b>Grades</b>	<b>Awaiting Results</b>
(a)	_____	_____	<input type="checkbox"/>
(b)	_____	_____	<input type="checkbox"/>
(c)	_____	_____	<input type="checkbox"/>
(d)	_____	_____	<input type="checkbox"/>
(e)	_____	_____	<input type="checkbox"/>
(f)	_____	_____	<input type="checkbox"/>
(g)	_____	_____	<input type="checkbox"/>
(h)	_____	_____	<input type="checkbox"/>
(i)	_____	_____	<input type="checkbox"/>
(j)	_____	_____	<input type="checkbox"/>

**22. ACADEMIC RECORD: POST SECONDARY**

	<b>Name of Institution</b>	<b>Period Attended</b>	<b>Qualification</b>
(a)	_____	_____	_____
(b)	_____	_____	_____
(c)	_____	_____	_____
(d)	_____	_____	_____

**SECTION F: AGREEMENT**

Upon successful completion of my programme of study, **I will serve the Government of Guyana in any Region of the country where I am needed.** I will also serve for a period of at least three years (Distance Education students) or five years (Pre-service students).

I Agree

I Do Not Agree

**Signature: .....**

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE, AND IF FOUND TO BE FALSE, I WILL BE DENIED ENTRY OR EXPELLED IF FOUND DURING THE PROCESS OF MY STUDIES.**

**Signature: .....**

**Date: .....**