



Government of the Republic of Trinidad and Tobago  
Ministry of Sport and Youth Affairs



# L.E.E.A.P

## LIFE SKILLS, EMPLOYABILITY, ENTREPRENEURSHIP, ACTIVISM AND PATRIOTISM REGISTRATION FORM

TRAINING LOCATION: LES COTEAUX YOUTH CENTRE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ E- MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RELIGION: \_\_\_\_\_

SEX:  Male  Female

### LEVEL OF EDUCATION:

- Primary School     Secondary School     Technical/ Vocational  
 Tertiary Level     Other \_\_\_\_\_

CURRENT EMPLOYMENT STATUS:  Employed Full Time     Employed Part time  
 Student     Unemployed

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?  Yes  No

*If yes, please state below.*

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE TICK AREAS OF INTEREST:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Goal Setting     | <input type="checkbox"/> Dressing for Success       | <input type="checkbox"/> Volunteerism                           |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Starting a Business        | <input type="checkbox"/> Youth Representation and Participation |
| <input type="checkbox"/> Dining Etiquette | <input type="checkbox"/> Networking for Business    | <input type="checkbox"/> National History, Heroes and Emblems   |
| <input type="checkbox"/> Resume Writing   | <input type="checkbox"/> Business Marketing/Writing | <input type="checkbox"/> Cultural Diversity                     |
| <input type="checkbox"/> Career Mapping   | <input type="checkbox"/> Youth Advocacy             | <input type="checkbox"/> Civic Engagement                       |

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about this programme? Please tick the appropriate box.**

Flyer    Social Media    TV/Radio AD    Friend/Relative    Other: \_\_\_\_\_

**Can the Ministry of Sport and Youth Affairs use your photograph for future publications, brochures, websites and social media?**       Yes       No

**Would you like to subscribe to the Ministry’s mailing list? You will receive updates on upcoming projects and programmes.**       Yes       No

**NAME OF EMERGENCY CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_      **CONTACT NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**IF UNDER THE AGE OF 18, PARENT/GUARDIAN MUST SIGN THE CONSENT FORM BELOW.**

I \_\_\_\_\_, hereby give permission for \_\_\_\_\_ to  
**Parent/Guardian’s name**      **Child’s name**

attend the Ministry of Sport and Youth Affairs’ Life Skills-Employability-Entrepreneurship-Activism-Patriotism (LEEAP) Programme.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

.....  
**FOR OFFICIAL USE ONLY**

**REVIEWED BY:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**Life Skills-Employability-Entrepreneurship-Activism-Patriotism (L.E.E.A.P)**