



**VERIFICATION OF THE CERTIFICATE OF RECOGNITION
OF CARIBBEAN COMMUNITY SKILLS QUALIFICATION**

Full Name: Mr./Mrs./Miss.....

Current Address:.....
.....

Contact No. (local):..... **Email:**.....

Day Month Year

Place of Birth:..... **Date of Birth:**.....

Sex:..... **Nationality:**.....

Passport No.:..... **Place of Issue:**.....

Date issued:..... **Expiry Date:**.....

Marital Status:..... **Occupation:**.....

Skills Certificate No.:..... **Issuing Member State:**.....

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| Category: University Graduate | <input type="checkbox"/> | Media Worker | <input type="checkbox"/> |
| Artiste | <input type="checkbox"/> | Nurse | <input type="checkbox"/> |
| Musician | <input type="checkbox"/> | Teacher | <input type="checkbox"/> |
| Sportsperson | <input type="checkbox"/> | Artisan with a CVQ ¹ | <input type="checkbox"/> |
| Holder of Associate Degree or comparable qualification | <input type="checkbox"/> | | <input type="checkbox"/> |
| Household Domestics with a CVQ | <input type="checkbox"/> | | <input type="checkbox"/> |

PLEASE INSERT THE INFORMATION OF YOUR SPOUSE (if applicable)

Full Name: Mr./Mrs.....

Place of Birth: **Date of Birth:**

Sex: **Nationality:**

Passport No.: **Place of Issue:**

Date issued: **Expiry Date:**

¹CVQ - Caribbean Vocational Qualification

PLEASE INSERT INFORMATION OF DEPENDANTS (if applicable)

Name of Dependant	Date of Birth	Sex	Place of Birth	Passport Number	Place and Date Issued	Expiration Date	Relationship to Applicant

I, the undersigned, hereby declare that the information given in this application is true to the best of my knowledge and belief.

Signature: **Date:**

Receiving Officer: **Date:**

PLEASE READ ALL INSTRUCTIONS BEFORE SUBMITTING THE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE FILL THE FORM IN BLOCK LETTERS.

Requirements:

1. Completed form
2. One (1) notarized copy of your Certificate of Recognition of Caribbean Community Skills Qualification
3. One (1) notarized copy of bio-data and immigration status pages from a valid CARICOM passport
4. A valid Police Record from the country of residence for the past three (3) years. For the purpose of this process, the Police Record remains valid for six (6) months
5. Receipt of Payment of Processing Fee EC\$50.00 (payable at Inland Revenue Department in St. Kitts)

SPOUSE:

6. One (1) notarized copy of marriage certificate
7. One (1) notarized copy of bio-data and immigration status pages from a valid passport
8. One (1) certified passport-sized photograph
9. A valid Police Record from country of residence for the past year

DEPENDANT(S):

10. One (1) certified passport-sized photograph for each dependant
11. One (1) notarized copy of birth certificate for each dependant
12. One (1) notarized copy of bio-data and immigration status pages from a valid passport for each dependant
13. One (1) notarized copy of Adoption papers (**for adopted children**)
14. Birth Certificate of applicant (**if dependant is a parent**)
15. A valid Police Record from country of residence for the past year (**if the dependant to be added is a parent, or is age 16 and over**)

NOTE:

- **Applicants are permitted to work while the verification process is being completed.**
- **Payment must be made at the Inland Revenue Department in St. Kitts at all times. Cash will not be accepted at the Ministry of International Trade.**
- **For the purpose of the Certificate of Recognition of Caribbean Community Skills Qualification, a police record is valid for six months.**