



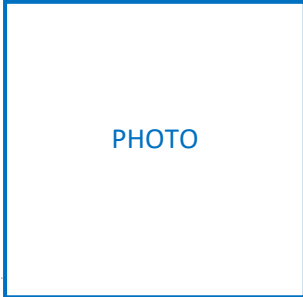
★ ★ Governor-General's Achievement Awards ★ ★

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PERSONAL INFORMATION FORM

Award Category: Age Group Over 35 Years

PERSONAL DATA: Please enter your name exactly as it appears on your Birth Certificate.



Candidate's Full name: (Mr. /Mrs./Miss) _____

Mailing Address: _____

Phone Contact: _____

Email Address: _____

I am a Jamaican Citizen: Yes No (State where)

TRN Number: _____

Place of Birth: _____

Date of Birth: DD / MM / YYYY

ALTERNATE CONTACT:

Next of Kin's Full Name: _____ Relationship: _____

Address: _____

Phone Contact Number: _____

Email Address: _____

EDUCATIONAL BACKGROUND (WHERE APPLICABLE):

SCHOOLS ATTENDED	DATES ATTENDED	CERTIFICATION / AWARD
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LEADERSHIP ROLE(S): List the three (3) most important activities in the areas of 'Youth', 'Family' and/or 'Education' in which you took a leadership role.

SERVICE ACTIVITY / ORGANIZATION	POSITION HELD	RESPONSIBILITIES
1.		
2.		
3.		

For each Service Activity / Organization above, why it was important for you to assume the responsibility of leader.

- 1.
- 2.
- 3.

Using one or two specific examples from the leadership experiences listed above, describe how your successes and failures have contributed to your development as a leader. *(You may add pages if necessary.)*

PROGRAMME REACH: How did you learn about the Governor-General's Achievement Awards?

- | | | |
|--|--|--|
| <input type="radio"/> Person who nominated you | <input type="radio"/> Friend or Family Member | <input type="radio"/> Internet |
| <input type="radio"/> Former Award Recipient | <input type="radio"/> Radio / Television | <input type="radio"/> Newspaper Article |
| <input type="radio"/> School Forum / Office | <input type="radio"/> Community Fair / Parish Office | <input type="radio"/> Other (please specify) |

I hereby declare that the information provided in this document is true. Further, I understand that information found to be untrue will disqualify me from participation in the programme indefinitely.

Applicant's Signature

Date (MM – DD – YYYY)



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INFORMATION ABOUT YOUR NOMINATOR:

Full name:

Occupation:

Mailing Address:

Contact Numbers:

Email Address:

Are you related? If yes, how?

REQUIREMENT:

Interview Component for Candidate Selection

Persons who meet all the requirements outlined will be invited by the Parish Committee for an interview. In preparation should you be called, please refer to Document Number **GGAA-100b - 'Discussion Question'**. In addition to informing the panel about your contribution(s) within your community, serving above self, you will be asked to share your perspective on a topic of national relevance. (Select question per Age Group Category)



FOR OFFICIAL USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Nomination Form Received | <input type="checkbox"/> Personal Information Form with Photograph received |
| <input type="checkbox"/> Original Certificates / Transcripts Received | <input type="checkbox"/> Character References received |
| <input type="checkbox"/> Character References verified | <input type="checkbox"/> Nomination Registered with National Coordinator (KH) |
| <input type="checkbox"/> Candidate Selected for Interview | <input type="checkbox"/> Candidate's Interview Completed |

Special Notation: _____

Checked by (Print Name): _____

Signature: _____

Position Title: _____

Date: _____



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