

Governor-General's Achievement Awards – Diaspora

PERSONAL INFORMATION FORM

PERSONAL DATA: Please enter your given name(s) and family name exactly as it appears on your Birth Certificate.

Candidate's Full name:

Mailing Address:

Phone Number:

Email Address:

Nationality:

Age Category:

Under 35 yrs. 35yrs. / over

Place of Birth:

ID Number:

ALTERNATE CONTACT:

Next of Kin's Full Name:

Mailing Address:

Phone Number:

Email Address:

EDUCATION:

SCHOOLS ATTENDED

DATES ATTENDED
(DD-MMM-YYYY)

CERTIFICATION / AWARD

LEADERSHIP ROLE(S): *List the three (3) most important activities in which you took a leadership role.*

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

Briefly explain what "EXCELLENCE" means to you.

PROGRAMME REACH:

How did you learn about the Governor-General's Programme For Excellence & the Jamaica Diaspora Award?

- Former Award Recipient
- Internet Search
- Jamaican Overseas Mission
- Friend or Family Member
- Radio
- Social Media
- King's House Website
- Newspaper Article
- Other (please specify) _____

REFERENCES: Provide information for two (2) Referees who are not members of your family.

Referee 1:	Referee 2:
.....
Address:	Address:
.....
.....
Phone Number:	Phone Number:
.....

NOMINATOR'S INFORMATION:

Full name:

Relationship to Nominee:

I hereby declare that the information that I have provided in this application is true. Further, I understand that any information found by the selection committee to be untrue will disqualify me from participation in the programme indefinitely. I also confirm that I have never been the recipient of a Governor General Award or other National Award in Jamaica.

.....
Applicant's Signature

.....
Date (DD - MMM - YYYY)

FOR OFFICIAL USE ONLY

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Application Form Received | <input type="checkbox"/> Certified Pictures Received |
| <input type="checkbox"/> Original Certificates / Transcripts Received | <input type="checkbox"/> Character References Received |
| <input type="checkbox"/> Character References Verified | <input type="checkbox"/> Application Registered with National Coordinator (KH) |
| <input type="checkbox"/> Candidate Selected for Interview | <input type="checkbox"/> Candidate's Interview Completed |
| <input type="checkbox"/> Special Note: | |

Checked by (Print Name):

Signature:

Position Title:

Date:

(DD-MMM-YYYY)