

CERTIFICATION APPLICATION FORM

1. PERSONAL DETAILS

Name _____ Identification # _____
 Home Address _____
 City _____ Country _____ Date of Birth _____
 Telephone _____ Mobile _____ Email _____
 Mailing Address _____

2. PROFESSIONAL DETAILS

Company _____
 Address _____
 City _____ Country _____
 Telephone _____ Fax _____ Email _____
 Present Position _____ Position Since _____
 Previous Position _____ From _____ To _____
 Previous Position _____ from _____ To _____

3. PROGRAMME SELECTION Please tick programme desired:

	Certified Customer Service Professional (CCSP)	Jamaican \$ 35000
	Certified Customer Service Trainer (CCST)	55000
	Certified Customer Service Supervisor (CCSS)	45000
	Certified Customer Service Manager (CCSM)	55000
	Certified Customer Service Executive (CCSE)	65000
	Certified Master Trainer (CMT)	70000
	Certified First Line Manager (CFLM)	50000

	Certificate Programme in Legendary Customer Care	Jamaican \$ 35000
	Certificate Programme in Service Quality Leadership	55000
	Certificate Programme in High Impact Leadership	55000
	Certificate Programme in Service Quality Management	50000
	Certificate Programme in Effective Supervision	40000
	Certificate Programme in the Principles and Practices of Training	50000

The above fees include registration, tuition, and examination fees

4. FEES / PAYMENT

The fee for the respective programme in Jamaican dollars must accompany this application form.

Manager's Cheque /Company Cheque / Voucher of J\$ _____ is enclosed.

5. CERTIFICATION DECLARATION

Please read and sign the following certification agreement. The application will not be processed without your signature.

The information provided is accurate. I understand that acceptance in the certification programme is based on the information and support materials provided with this application. Through this medium I authorize CSAJ to investigate my past employment, education and professional activities. I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability which might result from any investigation. I agree to hold CSAJ and City and Guilds of London Institute harmless from any and all liability in the event this application is rejected on the basis of the information furnished by me or third persons which would in the judgment of CSAJ, make me ineligible for certification. I agree to accept CSAJ's decision as to my eligibility for this certification.

Signature _____ Date _____

FOR OFFICE USE ONLY

Payment of US\$ _____ and /or J\$ _____

Candidate's Name _____

Candidate's Number # _____

Programme _____ Date _____