

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 _____

Supervisor's Name _____ Supervisor's Phone _____

3. PROGRAMME SELECTION Please tick programme desired:

The following CSAJ programmes have been endorsed by ILM. ILM is UK's largest management and leadership awarding body and its endorsed programmes are acknowledged industry wide.

	Customer Service Professional (CCSP)	Jamaican \$ 70000
	Customer Service Trainer (CCST)	80000
	Customer Service Supervisor (CCSS)	75000
	Customer Service Manager (CCSM)	80000

	Customer Service Executive (CCSE)	Jamaican \$ 95000
	Master Trainer (CMT)	95000
	First Line Manager (CFLM)	75000
	The Principles and Practices of Training (Train-the-Trainer)	85000

The above fees include all course material, ILM registration, tuition, and examination fees. These fees are only applicable for sessions held in Jamaica.

4. FEES / PAYMENT

The fee for the respective programme in Jamaican and/or US 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 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 ILM 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 _____