



CARIBBEAN REGIONAL DRUG LAW ENFORCEMENT TRAINING CENTRE

P.O. Box 37 Spanish Town, St. Catherine, Jamaica W.I.

Telephone: 1 (876) 943-9111/1 (876) 943-9191

COURSE CANDIDATE PROFILE FORM

1. COURSE TITLE: _____
2. COURSE DATES: _____
3. SURNAME: _____ 4. CHRISTIAN NAME: _____
5. GENDER: _____
6. DATE OF BIRTH: _____ 7. NATIONALITY: _____
8. ORGANIZATION: _____
9. ADDRESS OF ORGANIZATION: _____

10. DIRECT SUPERVISOR: • NAME: _____ • TELE NUMBER: _____
11. YOUR UNIT/SECTION: _____ 12. WHERE BASED: _____
13. DATE JOINED ORG: _____ 14. RANK/POSITION: _____
15. ROLE: _____ 16. TIME IN CURRENT ROLE: _____
17. CONTACT NUMBER: • WORK: _____ • MOBILE: _____
18. PRIMARY E-MAIL ADDRESS: _____
19. ALTERNATE E-MAIL ADDRESS: _____
20. DETAILS OF COURSES ATTENDED IN THE LAST TWO YEARS:

COURSE TITLE	RUN BY (ORGANIZATION)	LOCATION	DATES

SIGNATURE OF CANDIDATE

DATE

SIGNATURE OF AUTHORIZING OFFICER

PRINT NAME & JOB TITLE

PLEASE RETURN COMPLETED FORM TO:

Director Principal
Caribbean Regional Drug Law Enforcement
Training Centre
FAX: 1 (876) 943-8987 or 1 (876) 749-0361
e-Mail: info@redtracgov.edu.jm

DATE

AFFIX
OFFICIAL
STAMP
HERE