Barbados Institute of Management and Productivity

REGISTRATION FORM

New Students: Please complete **ALL** sections.

Returning Students: Please complete **ONLY** sections **A, C, D, E, F and H.** If however, there are changes to contact information (section **B**) or emergency contact information (section **G**), please complete these sections also.

SECTION A: PERSONAL INFORMATION

STUDENT ID #:		**NATIONAL REGISTRATION #:**	
NAME:* **(Mr./Mrs./Ms./Miss./Other)**	(First Name)	(Middle Initial)	(Surname)
OTHER NAME(S): *(If Applicable)*	(Maiden Name or Former Surname)		

SECTION B: CONTACT INFORMATION

HOME ADDRESS: *									
EMAIL ADDRESS: *									
TELEPHONE NOS.:*	**(H)**		**(W)**		**(C)**				
DATE OF BIRTH:	/ / yyyy mm dd	**GENDER:**	☐	**MALE**	☐	**FEMALE**	☐	**OTHER (enter details below)**	
COUNTRY OF BIRTH:		**NATIONALITY:**						_____	

SECTION C: EMPLOYER INFORMATION

NAME OF COMPANY/ ORGANIZATION: *	
ADDRESS:	
PRESENT JOB TITLE:	

SECTION D: COURSE/SEMINAR INFORMATION *

TERM:	Please tick (✔) the appropriate box (☐)	☐	1	☐	2	☐	3	☐	Summer
YEAR:*									

#	CODE:	COURSE/SEMINAR TITLE:	DAY(S)	TIME	PROG COURSE? Tick (✔)
1.					☐
2.					☐
3.					☐
4.					☐

PAYMENT: (OFFICIAL USE ONLY)

COURSE CODE:	FEE PAID: $	DATE: Y M D	METHOD OF PAYMENT	CARD NUMBER (If Applicable)	RECEIPT NUMBER	MEMBER FEE Y/N

* **DENOTES FIELD MUST BE COMPLETED**

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SECTION E: SPONSOR INFORMATION

Please tick (✔) the appropriate box (☐)

	SELF		SPONSORED (*If checked, please complete the Consent Form to release academic records*)

SECTION F: PROGRAMME INFORMATION

Please tick (✔) the appropriate box (☐)

PROGRAMME OF STUDY:	1-YEAR BCMS		2 ½-YEAR BDMS		BBA		OTHER (*BYEP, BAC, BPDP*)	

AREA OF SPECIALIZATION:	Accounting/Finance		Administrative Management		Event Planning & Conference Management	
	Financial Management		General Management		Human Resource Management	
	Management of Information Technology		Marketing Management		Production and Operations Management	
	Supervisory Management		Tourism Management		Other	

SECTION G: EMERGENCY CONTACT INFORMATION

NAME:			RELATIONSHIP:			
CONTACT NOS:		(H)		(W)		(C)

SECTION H: HOW DID YOU HEAR ABOUT US?

Please tick (✔) all that apply

☐	TV Ad	☐	Radio Ad	☐	Newspaper Ad
☐	Word of Mouth	☐	Website	☐	Social Media Site (Twitter, Facebook etc.)
☐	Currently Enrolled in a BIMAP Programme	☐	Recommended by Employer	☐	BIMAP Sponsored Event (e.g. Crop Over event, Calypso Tents)

☐	Recommended by a BIMAP Staff Member Name of Staff Member: _____	☐	Other (please specify) _____

Signature: ……

Date: yyyy / mm / dd

* **DENOTES FIELD MUST BE COMPLETED**

Barbados Institute of Management and Productivity

STUDENT CONSENT FORM TO RELEASE ACADEMIC RECORDS

This form serves as consent for the Barbados Institute of Management and Productivity (BIMAP) to release information to the stated third parties. While the form provides written consent for BIMAP to release academic records, it should be noted that the Institute is under no obligation release said records. BIMAP reserves the right to review and respond to requests for the release of academic records on a case-by-case basis.

Note: Students may revoke access at any time by providing a signed revocation request to the Student Affairs office.

Student Name: _____

SECTION A: SPONSOR (Person or Entity to whom access to academic records may be provided)		
Name of Organisation/ Individual: *		
Address:		
Name and Title of Contact: **(where applicable)**	Name :	Title:
Email Address: *		
Telephone Number: *		

SECTION B: ACADEMIC RECORDS TO BE RELEASED (Check all that apply)

☐	Grades and/or Transcripts	☐	Enrollment Status (Registration and Attendance Records etc.)	☐	Academic Progress	☐	Class Timetable
☐	Other (please state) _____						

SECTION C: DURATION OF RELEASE

This authorisation is granted for the duration of: *

☐ Current Term

☐ Specific Timeframe From: _____ To: _____

SECTION D: ACKNOWLEDGEMENT

I hereby authorise and consent to the release of any and all information contained in, or part of, the selected academic records with the Barbados Institute of Management and Productivity, to the stated third parties.

I understand that I have the right not to consent to the release of my academic records and I also have the right to revoke this consent at any time by submitting a written revocation (***Revocation of Consent to Release Academic Records Form***) to the Student Affairs office of the Barbados Institute of Management and Productivity.

_____ _____

Student's Signature Date

OFFICE USE ONLY: **Date Processed:** _____

* **DENOTES FIELD MUST BE COMPLETED**