



**BARBADOS COMMUNITY COLLEGE
BARBADOS LANGUAGE CENTRE
APPLICATION FORM**



GENERAL CONVERSATION COURSES

PLEASE COMPLETE IN BLOCK LETTERS.

SURNAME: Mr. Mrs. Miss	LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS:			
DATE OF BIRTH:	(DD/MM/YY)		
TELEPHONE NUMBER:	Home: _____ Work: _____ Cell: _____		
EMAIL:			
RESIDENT STATUS:	BARBADIAN NATIONAL: _____ RESIDENT NON-NATIONAL : _____		
**Persons who require visas <u>must</u> make their own arrangements.			
OCCUPATION:		EMPLOYER:	
WORK ADDRESS:			
LANGUAGE NEEDED:		LEVEL:	
CERTIFICATION REQUIRED:	CERTIFICATE OF ATTENDANCE _____ CERTIFICATE OF PROFICIENCY _____		
PRESENT KNOWLEDGE OF LANGUAGE:	NONE: _____ 1-3 YEARS: _____ 3 – 5 YEARS: _____ CXC CERTIFICATE – LEVEL & YEAR AWARDED: _____ BLC CERTIFICATE - LEVEL & YEAR AWARDED: _____ A'LEVEL or CAPE: _____ UNIVERSITY or ASSOCIATE DEGREE: _____ OTHER CERTIFICATE: _____		
SIGNATURE:		DATE:	

PAYMENT OF FEES FORM

PLEASE COMPLETE THIS SECTION WHEN MAKING PAYMENT TO THE ACCOUNTS DEPARTMENT

LANGUAGE #1: _____ LANGUAGE #2: _____

STUDENT ID # _____

#####THIS SECTION FOR OFFICIAL USE ONLY#####

RECEIPT #: _____ RECEIPT #: _____

AMOUNT: CASH: _____ CHEQUE /DRAFT _____

RECEIVED BY: _____ DATE: _____

To complete the registration process, please submit this application by email to blc@bcc.edu.bb.

Barbados Language Centre,
Barbados Community College,
“Eyrie”, Howell’s Cross Road, St. Michael

Office Hours: Monday – Friday 8:30 a.m. – 4:00 p.m.

PHONE: 426-2858 EXT. 5402/5413/ 5248
FAX: 435-3452 OR (246) 429-5935

DIRECT LINE: 435-3221
EMAIL: blc@bcc.edu.bb