



## LICJ GIS Education & Training Registration

Please facilitate accurate completion and submission of this registration form to support processing for your participation in the intended LICJ Course. Limited spaces are available for participation in the courses. Please therefore facilitate early submission of your completed application form, at least a week ahead of scheduled date.

Please contact the National Spatial Data Management Branch (NSDAMB) for course details including pricing and course descriptions. For additional information contact the NSDAMB at **1876-630-1850** or by email at [nsdmb.training@mhurecc.gov.jm](mailto:nsdmb.training@mhurecc.gov.jm). Incomplete or unsigned registration forms will not be processed and may delay class reservations. Classes are normally confirmed or cancelled, based on enrolment, approximately 7 business days before the scheduled start date.

### 1. Course Details

Course Name:	Date:	Price:
Mode of delivery: In person <input type="checkbox"/> Virtual Training <input type="checkbox"/> Mixed Modality <input type="checkbox"/>		

### 2. Student Information (one registration form per person)

Student Name:	Organization and Department:	
Street Address:		
Community/City:	Parish:	Country:
Telephone (personal):	Telephone (office):	Fax:
Email ( <i>Students will receive correspondence to the email address provided.</i> )		

### 3. GIS Experience

What is your level of GIS experience?

Beginner       Intermediate       Advanced       Other

Have you completed any GIS course at the LICJ?      Name any prior GIS Training along with the year and institution:

Yes       No

Please indicate the reason for applying for this course

Job requirement       Academic research       Personal Skills Development       Other

### 4. Billing Information (if different than above)

*An official letter may be required from your organization to confirm their agreement to facilitate funding. Cheques should be made payable to **Permanent Secretary, Ministry of Housing, Urban Renewal, Environment & Climate Change.** Other payment types - **Direct Wire Transfer, Cash, Manager's Cheque.***

Name:	Organization and Department:	
Street Address:		
Community/City:	Parish:	Country:
Telephone (personal):	Telephone (office):	Fax:
Email		

**I confirm that all information provided above is accurate and duly understand that incorrect submissions will deter my approval and therefore participation.**

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY		
Approval Status <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason: _____	Payment Status <input type="checkbox"/> Received <input type="checkbox"/> Outstanding Date Received: _____	Approving Officer Signature: _____