

## APPLICATION FORM

### DEPUTY REGISTRAR AND DEPUTY MARSHAL CARIBBEAN COURT OF JUSTICE

This form may be completed in one of the following ways:

1. it may be downloaded, printed out and then completed,
2. it may be filled out online and then printed, or
3. it may be completed online and submitted online

If option 1. or 2. is used, it must be delivered either by hard copy to  
The Secretary  
Regional Judicial and Legal Services Commission  
134 Henry Street  
Port of Spain  
Trinidad and Tobago

or by fax to The Secretary, RJLSC: (868) 625-4004.

If an application is faxed, it is not deemed to be received until it has been acknowledged by return fax from the Secretary to the Regional Judicial and Legal Services Commission.

If it is submitted online (option 3), it is not deemed to be received until it has been acknowledged by return e-mail to the e-mail address which you have given for that purpose.

If option 1 is used, the off-line completion form (FORM 1) must be used.

If option 2 is used, the online completion form (FORM 2) must be used. The completed document must then be printed out and sent to the Secretary to the Regional Judicial and Legal Services Commission. If extra space is needed to answer any question, extra sheets of paper bearing the relevant section and question numbers may be used.

If option 3 is used, the online submission form (FORM 3) must be used.

The form is separated into the following sections:

- A. Personal and Primary Information
- B. Contact Information
- C. Education and Professional History
- D. General
  - I Character
  - II Disclosure
  - III References
  - IV Declaration

DEPUTY REGISTRAR AND DEPUTY MARSHAL

Section A- Personal and Primary Information

Name of post applied for: \_\_\_\_\_  
Title Mr. Mrs. Ms. Other  
Last Name \_\_\_\_\_

All names \_\_\_\_\_  
(please underline the name by which you prefer to be known)

Date of Birth Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Nationality/Nationalities  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Country of Residence \_\_\_\_\_

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**Section B- Contact Information**

1. Business Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Fax number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-mail

\_\_\_\_\_

2. Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Fax number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-mail

\_\_\_\_\_

3. Mailing address (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate the address to be used for correspondence relating to this application:

Business \_\_\_\_\_ Home \_\_\_\_\_ Mailing \_\_\_\_\_

5. Please indicate the telephone numbers to be used to contact you relating to this application:

Voice \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

6. Please indicate the e-mail address to be used to contact you about this application:

\_\_\_\_\_

**Section C- Education and Professional History** *(if you are printing this form out before completing it, you may continue any of these details on separate sheets of paper.)*

[1] Secondary Education

<b>Secondary Schools Attended and Addresses</b>	<b>Dates Attended</b>	<b>Certificates Awarded</b> <i>(please state class, if any)</i>

[2] Further and/or Higher Education

<b>Colleges and/or Universities Attended and Addresses</b>	<b>Dates Attended</b>	<b>Degrees/Diplomas/Certificates Awarded</b> <i>(please state class, if any)</i>

[3] Professional Training

<b>Institution[s] Attended and Address[es]</b>	<b>Dates Attended</b>	<b>Degrees/Diplomas/Certificates Awarded</b> <i>(please state class, if any)</i>



[7] Voluntary Work

Please give details of voluntary work which you have undertaken, **starting with the most recent.**

Date	Details

[8] Publications

Please give details of any publications you have written, edited or contributed to in your professional capacity, **starting with the most recent.** (Please give dates)

Date	Details

[9] Please give details of any relevant studies you have undertaken or papers you have written or presentations you have given whether published or not, **starting with the most recent.** (Please give dates)

Date	Details

[10] Of which professional bodies are you a member?


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**Section D- General**

**I. Character**

1. Have you ever been convicted of a criminal offence? Yes      No  
*Please give details* \_\_\_\_\_  
\_\_\_\_\_
  
2. Are there any criminal proceedings pending against you? Yes      No  
*Please give details* \_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been adjudged bankrupt or made a composition with your creditors? Yes      No  
*Please give details* \_\_\_\_\_  
\_\_\_\_\_
  
4. Have you ever been sued to judgment for any debt or are any such proceedings pending? Yes      No  
*Please give details* \_\_\_\_\_  
\_\_\_\_\_
  
5. Have you ever had proceedings brought against you, or paid a penalty or made a composition in respect of failing to pay income tax or any other form of tax or rates, or are there any such proceedings pending? Yes      No  
*Please give details* \_\_\_\_\_  
\_\_\_\_\_
  
6. Have you ever had an action which was not dismissed brought against you for professional negligence, or is any such action pending? Yes      No  
*(If any such action has been brought or is pending against a firm in which you are a partner, or any business in which you have a significant interest and participate actively please answer "yes".)*  
*Please give details.* \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been subject to professional disciplinary proceedings which have not been dismissed, or are any such proceedings pending? Yes      No  
*Please give details* \_\_\_\_\_  
 \_\_\_\_\_

**II. Disclosure**

1. Are you engaged in any activity (paid or unpaid), or do you hold any position (paid or unpaid), or is there any other circumstance, which could create a conflict of interest if you were to be appointed to this position? Yes      No  
*Please give details.*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. References**

11. Please provide the names of three referees and information as to how they may be contacted.

Name and Position	Address	Telephone	Fax	E-mail
#1				
#2				
#3				

**IV. Declaration**

*I declare that the statements made by me in this application form are true in every detail. I understand that a false declaration would constitute grounds for terminating my appointment as Deputy Registrar and Deputy Marshal*

I do so declare       I do not so declare

\_\_\_\_\_  
**Signature**

**Date**