



BARBADOS COMMUNITY COLLEGE

INDUSTRY SERVICES UNIT

PASSENGER TRANSPORT SERVICE OPERATOR TRAINING

REGISTRATION FORM

PERSONAL DATA

FORM MUST BE COMPLETED IN DUPLICATE AND IN BLOCK/CAPITAL LETTERS

1. Name: (Mr/Mrs/Ms _____
Miss/Dr) _____
First Name
Middle Name
Last Name
2. Address: _____

3. Tel (H): _____ (W) _____
4. Cell: _____
5. Email: _____
6. Nationality: _____
7. Barbados ID No.: _____ - _____
8. Level of Education: Primary Secondary Tertiary
9. Name & Address of Company: _____

10. Type of Passenger Transport Service Operator: Tick (✓) one

Taxi & Tour Bus Operators (TTB)

- Taxi Operator
 Tour Bus Operator
 Taxi Owner
 Employee of Passenger Transport Company

COURSE OF STUDY

PASSENGER TRANSPORT SERVICE OPERATOR TRAINING

11. Modules (ALL 8 modules MUST be taken)

- | | |
|--|--|
| Defensive Driving
Quality Customer Service
Occupational Safety & Health
Effective Communication | Business Management
Foreign Language Basics
Tour Guiding Basics
History and Geography of Barbados |
|--|--|

IMPORTANT: Placement on the course is guaranteed ONLY upon receipt of payment.

FOR OFFICIAL USE ONLY			
Amount Paid \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Date Paid _____ / _____ / _____	
Receipt No. _____	Signature _____		
* Sponsored in part by the Ministry of Tourism and the Technical and Vocational Education and Training (TVET) Council			

COMPLETED FORMS SHOULD BE SUBMITTED TO:
 The Accounts Department, Barbados Community College, Howells Cross Rd. St Michael
 Tel 426-2858 Fax 429-5935