



## Caregiver Services Professional Institute

Level 2 Pacific Properties Building  
32- 38 Cumming Street, Suva  
P.O Box 18113, Suva

For enquiries:

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Ministry of Education Reg: 8102

FHEC Recognition Number: RCN0122/23

### **ENROLMENT FORM FOR SUVA**

#### **PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

(Print proper names that appear on Birth Certificate. No nicknames or aliases)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

If female: Are you pregnant? \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: \_\_\_\_\_

(If female and married, marriage certificate must be provided)

Village: \_\_\_\_\_ Province: \_\_\_\_\_

Religion: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

Email address: \_\_\_\_\_

Driver's license? Y/N? \_\_\_\_\_ License no. \_\_\_\_\_ Class: \_\_\_\_\_

Current Health Status: \_\_\_\_\_

#### **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

**EDUCATION/TRAINING**

(Please provide legitimate Institution or School Name)

<b>PRIMARY SCHOOL</b> Name & Level completed	<b>SECONDARY SCHOOL</b> Name & Level Completed	<b>TERTIARY</b> Name, Achievement

**ENGLISH LANGUAGE PROFICIENCY**

How fluent is your English? (Very Good/ Good/ Below Average)

Oral \_\_\_\_\_ Reading \_\_\_\_\_ Written \_\_\_\_\_

Native Language \_\_\_\_\_ (Fijian/ Hindi/ Rotuman/ Chinese etc.)

**WORK EXPERIENCE/TRAINING**

(Please provide legitimate Organization Name)

Employer's Name, Address and Phone Contact	Duties and Responsibilities	How long did you work for?	Reason for Leaving OR Still working
1.			
2.			
3.			

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## **REMINDERS**

1. The following fees are to be paid upfront to confirm enrolment:
  - i.) **Enrolment fee - \$150** ii.) **First Aid & CPR - \$55** iii.) **Module 1 - \$330**
  - iv.) **Fire Drill - \$60**
2. Enrolment fee will **not** be refunded to participants who have attended the first day of class but wishes to withdraw. If withdrew one day before the date of the class , we will deduct **\$30.00** fees.
3. **Deposit of \$595.00 to be paid when submitting form.**
4. All fees must be paid in full before or on the last day of theory class, unless prior arrangement is made with the financial controller.
5. Code of Ethics must be adhered to at all times.
6. Withdrawal Penalty:
  - i.) Before class commences – Full refund (no penalty)
  - ii.) After first week – 50% of Module 1 fee
7. Any withdrawals **must be made on the Refund Request Form with** receipt attached.
8. Students will be required to purchase the following for clinical training (practical):
  - i.) Scrubs Uniform - \$60 a pair @ Biz Clothing, Honson Building, Suva
  - ii.) Gloves and Mask
9. Requirements:
  - **3 PASSPORT SIZE PHOTOS**
  - **Copies: BIRTH CERTIFICATE**  
**MARRIAGE CERTIFICATE (if female and married)**  
**JOINT CARD/ TIN LETTER**  
**COVID VACCINATION CARD**  
**CURRICULUM VITAE ( CV )**

# **DECLARATION**

I, \_\_\_\_\_ (full name)  
declare that all information provided within this form are complete and accurate record and  
that I will abide by the Regulations set forth by the Institute.

.....  
Applicant's Signature

.....  
Date

.....  
Officer in charge