Trinidad &Tobago
Business Etiquette &
Protocol Specialist Limited

**REGISTRATION FORM**
**HOUSEKEEPING & HOSPITALITY SKILLS TRAINING**
**Professional Certification Programme**

Please complete in BLOCK LETTERS

**PERSONAL DETAILS**

First Name: _____ Date of Birth: _____

Surname: _____ Gender: M F

Nationality: _____

Identification Number: _____

Birth certificate Number: _____

Marital Status: Single Married Divorced Other

Address: _____

_____

Contact Nos.: _____

Email Address: _____

Medical Condition/Allergies: _____

Emergency Contact:

| Name | Contact Nos. |
| --- | --- |

**Ten (10) Weeks Training Time Option**

- 9:00AM - 11:00AM
- 4:30PM - 6:30PM

**Programme Start Date: Monday 9th March, 2026**

**PAYMENT OPTIONS:**

- Bank Transfer

**Payment to via two options:**
**UTC's Account No. 5227239-2:**
**OR**
**JMMB Bank (T&T) Limited Account Number: 007600008857**
[*Please note that a copy of the payment receipt must be submitted to businessettiquettespecialist@gmail.com or Whatsapp (868) 219-8470 or (868) 743-0939*

- Cash:

TTBEPSL Head Office
Level M, Parkade,
Richmond Street,
Port of Spain, Trinidad and Tobago

**REFUND POLICY:**

Participants who cancel their registration will not receive a refund on registration, however, when notice is given at least 1 week prior to the start date of the course, a 90% refund on fees will be given.

**Declaration:**

I _____ hereby certify that all statements on this Registration form are true and correct, and I agree to the terms and conditions therein.

Student Signature: _____ Date: _____

**TERMS AND CONDITIONS:**

Please write student's name as stated in his/her ID/Passport

Please fill in the form completely and provide a picture to attach on the front of the form.

If a question is not applicable to you, please write N/A.

**FOR OFFICIAL USE ONLY**

Received by: _____ Date received: _____

Type of Payment: _____

Amount received and processed: _____

Signature Date