



**THE UNIVERSITY OF THE WEST INDIES, MONA CAMPUS**  
**DEPARTMENT OF SOCIOLOGY, PSYCHOLOGY AND SOCIAL WORK**  
**APPLICANT CO- AND EXTRA CURRICULAR DATA**  
*(for selection to the Social Work Programme)*

**Instructions:**

- Please provide the information requested below. This will assist us in making our final selection for entry in the social work programme.
- You do not have to provide a response in every section, only those that apply to you.
- You must provide certification of these activities. This should be done by having one of the persons responsible for/in charge of the activity or organization, sign and provide contact information in the relevant section. Family members and friends may not certify activities unless they were involved in an official capacity.
- Use additional paper, if needed, to complete your responses and/or provide additional information. Please ensure that these pages are certified and attached securely to form.
- Please write legibly

Name (as given on the UWI application form): \_\_\_\_\_

**DEMONSTRATED SOCIAL INVOLVEMENT:**

Have you given any voluntary community service or participated in social projects?     Yes                     No

If yes, please list the most recent ones (last three years) below:

Name of organization(s) or project(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give details of involvement (specify for each organization or project you were involved in):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long were you involved? (Give approximate time in day/weeks/months or years for each organization or project):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What role(s) did you play? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION** *(Please write legibly)*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title and/or role in organization or project: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

**LEADERSHIP EXPERIENCE**

Have you held any position of leadership (*in school, community, workplace etc.*)?  Yes  No

If yes, please list the posts held in the last three years and the name(s) of the organization(s) in which you served:

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

How long did you serve in each of the posts held? \_\_\_\_\_

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

Have you every seen something wrong being done to an individual or group of people in your school or community and tried to do something about it?  Yes  No

If no, what prevented you? \_\_\_\_\_

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

If yes, tell us about what you did and what was the result? \_\_\_\_\_

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

**CERTIFICATION** *(Please write legibly)*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title and/or role in organization or project: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

**INTERPERSONAL EXPERIENCE/COMMUNICATION SKILLS**

Have you been involved in (*paid or voluntary*) work that required working as a member of a team? (*This would be indicated by active membership on committees, subcommittees, working groups or task forces that have taken action or tried to bring change in any area*)      π Yes      π No

If yes, give details of at least one such involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long were you involved? \_\_\_\_\_

**CERTIFICATION** (*Please write legibly*)

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title and/or role in organization or project: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone number: \_\_\_\_\_

**RECOGNITION OF EXCELLENCE**

Have you ever been selected to represent your school or community or be a part of a National Team?  
π Yes   π No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever won an award for sport, the arts, dance, drama, debating or some similar activity?  
π Yes   π No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION** *(Please write legibly)*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title and/or role in organization or project: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

*Please note that all answers are subject to verification. A false declaration may result in a withdrawal of the Offer of Entry or expulsion from the Faculty at whatever stage you may have reached in the programme.*

**I hereby certify that the information I have provided above is true.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_