## SKNCIR – CULINARY ARTS (CA) REGISTRATION FORM



REF#:		

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	BASIC	INFORMAT	TON
Name (First):	(Last):		Date (d/m/y):
Address:			Country of Residence:
Gender: (M):	(F): Birthdate (d/m/y)	:	Country of Birth:
Phone Number(s):	Cell #:	Work #:	Home #:
Email Address:			
	PROFESSIONA	L SKILL(S)	/SERVICE
Culinary Arts Skill #1:			No. of Years Applying Skill:
Culinary Arts Skill #2:			No. of Years Applying Skill:
Registered Business:	(Yes):	Year Started:	
Business Name:		Busine	ess Address:
	Website:		Facebook:
Internet Site(s):	YouTube:		Twitter:
	Soundcloud:		Other:
Reference (List 1 Pers	son Who Can Verify Your Profession	nnal Skills/Serv	ices – Name, Cell, Email) + Letter of Reference
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**EVIDENCE OF YOUR SKILL(S)**: Applicants must submit a Portfolio that demonstrates their Skill, Talent, Product (Videos, Photographs, Media Links, etc.)

**EDUCATION/ACHIEVEMENT CERTIFICATES:** If applicable, Applicants must provide photocopies of Certificates, or Awards received for their Creative Skill, Talent, Product or Service.

PLEASE SEE BACK OF PAGE FOR ADDITIONAL INFORMATION NEEDED



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## **CREATIVE INDUSTRY RESUME / BIOGRAPHY**

egistry [LXY]	(Short Description Summarizing Your Professional Skill(s)/Services)				
	<del>-</del>				
*Plo	ease ensure that you attach PROOF OF CITIZENSHIP when submitting application				
(Сору	of Passport OR Copy of a National Identification Card along with Birth Certificate)				

I \_\_\_\_\_\_\_, hereby declare that the information I provided in this application is accurate and true. I own or have cleared the copyright for all Photographs, Audio Recordings or Video Footage samples submitted in support for my skills and experience. I give St. Kitts Department of Culture Permission to display or upload samples to a digital platform managed by St. Kitts Department of Culture to promote my Skills/Services.

Signature:	Date (d/m/y):

All Documents Submitted Are Used By St. Kitts Department Of Culture For Skills Verification and Assessment.

Thank You For Registering To Be A SKNCIR Member!