



# The College of Ultrasound Sciences



#25 HOLLIS AVENUE, ARIMA  
 Tel: (868) 664-3850/3519  
 Fax: (868) 667-3369  
 E-mail: [cous@arimaclinic.com](mailto:cous@arimaclinic.com)

**APPLICATION FOR  
 DIPLOMA IN MEDICAL ULTRASOUND  
 (1) OBSTETRICS\* OR  
 (2) GYNECOLOGY/ABDOMEN\*  
 (Part-Time Only)**

\*Tick (1 or 2), the Programme for which you are applying.  
 All applicants are required to read the instructions and information before attempting to complete it.

<b>1. NAME</b>		
<b>Surname:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>2. DATE OF BIRTH</b>	<b>3. GENDER</b>	<b>4. NATIONALITY</b>
<b>Year / Month / Day:</b>	<b>Gender:</b>	<b>Nationality:</b>
<b>Age:</b>	Male <input type="checkbox"/>	Trinidad and Tobago <input type="checkbox"/>
	Female <input type="checkbox"/>	Other (State Country) <input type="checkbox"/>
<b>5. PERMANENT ADDRESS:</b>		<b>6. MAILING ADDRESS (if different from 5)</b>
_____		_____
_____		_____
_____		_____
_____		_____
<b>7. CONTACT INFORMATION:</b>		
<b>Telephone # (HOME)</b>	<b>Telephone # (WORK)</b>	
_____	_____ <b>Ext:</b> _____	
<b>Telephone # (MOBILE)</b>	<b>Telephone # (OTHER)</b>	
_____	_____	
<b>Email Address</b>	<b>Telephone # (FAX)</b>	
_____	_____	

<b>8. NATIONAL I.D. NO.</b>	<b>9. PASSPORT NO.</b>	<b>10. DRIVER'S PERMIT NO.</b>
<b>11. EMERGENCY CONTACT INFORMATION (Indicate individual to contact in case of emergency)</b>		
<b>Surname</b>	<b>First Name</b>	<b>Relationship to Applicant</b>
<b>Address</b>		
<b>Telephone # (Home)</b>	<b>Telephone # (Work)</b>	
	<b>Ext:</b>	
<b>Telephone # (Mobile)</b>	<b>Email Address</b>	

**FOR OFFICIAL USE ONLY**

<b>Preliminary Approval</b>	<b>Departmental Approval</b>	<b>Admission Comm. Approval</b>
Application Complete <input type="checkbox"/>		
Qualifications:		
Meets requirements <input type="checkbox"/>		
<b>DOES NOT</b> meet requirements <input type="checkbox"/>		

**12. ACADEMIC RECORD**

**a. SECONDARY LEVEL**

<b>Name and Address of Institution</b>	<b>Examining Body/Level</b>	<b>Subject</b>	<b>Grade Obtained</b>	<b>Date Awarded (month/year)</b>


**b. TERTIARY LEVEL**

<b>Date</b>		<b>Name and Address of Institution</b>	<b>Examining Body/Level</b>	<b>Area of Study</b>	<b>Degree &amp; Class of Degree</b>
<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>				

**c. OTHER QUALIFICATIONS**

<b>Date</b>		<b>Name and Address of Institution</b>	<b>Examining Body/Level</b>	<b>Programme / Area of Study</b>	<b>Qualification received Grade / Class</b>
<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>				


**13. WORK EXPERIENCE RECORD**

Please include both paid and unpaid work experience.

<b>Date</b>		<b>Job Title / Activity</b>	<b>Employer / Organisation Name &amp; Address</b>	<b>Main Tasks / Responsibilities</b>
<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>			

**14. DISABILITY**

The College of Ultrasound Sciences (COUS) welcomes enquiries from people regardless of race or disability. However, it must be understood that the performance of Ultrasound requires the application of certain types of skills. If you have a disability which might necessitate special arrangements or facilities, please contact the Academic Director as soon as possible to discuss the matter further. To help achieve our aim of providing relevant facilities and services, please complete the details below:

Disability (please tick corresponding box as appropriate):

No disability		Deaf/hearing impairment		Unseen disability		Disability not on list	
Dyslexic		Wheelchair user/mobility difficulties		Multiple disabilities		Autistic spectrum disorder	
Blind/partially sighted		Mental health difficulties		Personal care support		Learning difficulty (excluding dyslexia)	

<b>15. CAREER OBJECTIVES</b> (Continue on a separate sheet if necessary) <b>Please state the reason for your interest in the programme selected</b>

<b>16. OTHER INFORMATION</b> (Continue on a separate sheet if necessary) <b>Please state briefly any other information which you feel may support your application or successful completion of programme</b>

