



THE GOVERNMENT OF THE BAHAMAS
52 WEEK SKILLS EMPOWERMENT PROGRAMME
APPLICATION FORM FOR PRIVATE PARTNERSHIP

Please attach the following documents:

- TIN Number
- Vendor ID
- Copy of Business License

Name of Company: _____

Beneficial Owner: _____

Address (Give location): _____

P. O. Box No.: _____ Island: _____

Contacts Information

Office Number: _____ Cell: _____ Fax No.: _____

Email: _____

Agency Representative

Name: _____

Contact: _____

Job Requirements

Number of persons required: _____

Age Groups 18-21 22-25 26-30 Older:

Special Qualifications: _____

Brief Job Description: _____

I declare that the particulars found in this application are true and correct. I understand that if these particulars are false in any material respect, the 52-Week participant will be recalled.

Date: _____ Signature of Applicant: _____

For Official Use Only:

Recommendation: _____

Contacts for the 52-Week Skills Empowerment Programme:

Telephone Nos. (242) 323 4281 or 2

E-mail Address: 52WeekProgram2018@bahamas.gov.bs

Web-site: www.bahamas.gov.bs/publicservice