

Instructions – Application for Replacement CSME Skills Certificate

- **APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS TO FACILITATE THE PROCESSING OF A REPLACEMENT SKILLS CERTIFICATE**
- **PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**
- **THE MINISTRY OF FOREIGN AND CARICOM AFFAIRS RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION WHERE NECESSARY**
- **NON-NATIONALS ARE ADVISED TO BEGIN THE APPLICATION PROCESS AT LEAST THREE (3) MONTHS BEFORE THE EXPIRATION OF THEIR IMMIGRATION STAMP**
- **APPLICATIONS TAKE A MINIMUM OF EIGHT (8) TO TEN (10) WEEKS TO BE PROCESSED**
- **PLEASE PROVIDE THE ORIGINAL APPLICATION FORM AND ONE (1) COPY OF EACH SUPPORTING DOCUMENT IN THE FOLLOWING ORDER AS LISTED BELOW**

MANDATORY DOCUMENTS FOR ALL APPLICANTS

1. An Original Replacement Skills Certificate application form.
2. Copy of the Biographical Page of the applicant's valid passport.
3. Copy of the Immigration stamp showing approved stay in Trinidad and Tobago (**Non-Nationals ONLY**).
4. Copy of Skills Certificate issued by Trinidad and Tobago.
5. Copy of document/s which identifies change(s) e.g. dependent's passport, dependent's birth paper, applicant's passport, deed poll, etc.
6. Two (2) identical sized photos.

N.B

Applicants are required to present the original of each required document at the point of submission of application.



Ministry of Foreign and CARICOM Affairs

Republic of Trinidad and Tobago

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Newtown, Port of Spain

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E-mail: info.csmeunit@foreign.gov.tt

Website: <http://www.foreign.gov.tt>

PHOTO

**“31mm x
41mm”**

**White
Background**

(May, 2023)

WARNING TO ALL APPLICANTS:

ANY SUCH PERSON WHO MAKES A WRITTEN OR ORAL STATEMENT KNOWINGLY TO BE FALSE OR MISLEADING IS GUILTY OF AN OFFENCE AND IS LIABLE TO A FINE AND IMPRISONMENT. PLEASE COMPLETE THE FORM IN BLOCK LETTERS

**APPLICATION FOR REPLACEMENT CERTIFICATE OF RECOGNITION OF
CARIBBEAN COMMUNITY SKILLS QUALIFICATION**

Name: _____

Last name

First name

Middle name (s)

Sex:

Female

Male

Marital Status: Single

Married

Divorced

Widowed

Place of Birth: _____ **Date of Birth:** _____

Nationality: _____

Occupation: _____ **Profession:** _____

Reason for Replacement Certificate: _____

QUALIFICATIONS

<u>Qualification:</u>	<u>Institution:</u> (Name and Address) (if done via distance learning state through which Institution)	<u>Year</u>

Passport Number: _____ **Expiry Date:** _____

Place and Date of Issue: _____

Most recent Immigration Stamp: _____

Home Address: _____

Tel No (in T&T): _____ **Fax No (in T&T):** _____

Email: _____

Work Address: _____

(For non-Trinidad and Tobago Nationals)

Intended place of work (if known): _____

SPOUSE AND DEPENDENTS

<u>Name of Spouse/Dependent</u>	<u>Relationship to Applicant</u>	<u>Date of Birth</u>	<u>Passport Number</u>	<u>Expiry Date of Passport</u>

Date: _____

Signature of Applicant

I, the undersigned, do solemnly declare that all statements made in this application are true. I am also aware that when a Certificate of Recognition of Caribbean Community Skills Qualification (Skills Certificate) is issued to me, I am only allowed to work in the category for which it was approved.

Official Remarks