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### JAMAICA PREFECTS' ASSOCIATION (JPA) EXECUTIVE NOMINATION FORM 2025-2026

### **Application Instructions**

The Jamaica Prefects' Association (JPA) is the representative body of Prefects of Secondary Schools across the island. The organization was relaunched on October 22, 2018. The JPA is was designed to coordinate prefects island-wide with the mandate of developing effective student leaders.

#### **ELIGIBILITY REQUIREMENTS:**

#### **Applicants must:**

- 1. Must be a registered student at a JPA member institution (see listing)
- 2. Be an appointed Prefect or Head Student
- 3. Maintain at least a 55% academic average
- 4. Have an attendance record of at least 90%

#### **Kindly Attach The Following To Your Application:**

- 1. CXC/CAPE passes obtained **OR** transcript for the last two terms of school.
- 2. Detailed Resume/CV outlining leadership involvements in school/community
- 3. Most recent printed or digital 4 x 6 photograph (no passport size photo).
- 4. Recommendation letter from your **form Teacher** or **Guidance Counsellor** should include a brief summary of the applicant's ability academically and otherwise to effectively undertake tasks assigned to the post.
- 5. Typed Essay with no more than 500 words. Topic: "Discuss the effects of social media on the mental health of young people and potential solutions to mitigate negative impacts."
- 6. Signed parent's consent form.
- 7. Signed Release Form by School Principal or Vice-Principal

#### PLEASE NOTE:

Applications should be submitted no later than Friday, January 31, 2025 to <a href="mailto:prefectsja@gmail.com">prefectsja@gmail.com</a> or delivered to the Youth & Adolescent Policy Division, 5<sup>th</sup> Floor Building 1 Ministry of Education & Youth, 2-4 National Heroes Circle, Kingston.



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#### **SECTION I**

APPLICANT INFORMATION	SCHOOL INFORMATION	PARENT(S) INFORMATION	
Name:	School:	Mother's Information:	
	Parish:	Name:	
Date of Birth:	Principal:		
Age:		Home Address:	
Home Address:	Faculty Advisor:		
	School Tel Number:	Cell:	
		Email:	
	School Fax Number:	Father's Information:	
		Name:	
<b>Telephone Contact Numbers: Home:</b>	School Address:		
Cell:		Home Address :	
Email:	School Email:	Cell:	
		Email:	

1. Kindly indicate the position for which you are applying with a tick.

NATIONAL POSITION	INDICATE HERE (Place an X in the selected box)
National President	



### JAMAICA PREFECTS' ASSOCIATION (JPA) EXECUTIVE NOMINATION FORM 2025-2026

General Secretary		
National Treasurer		
National Public Relations Officer		
REGIONAL POSITION		State Region: i.e: 1, 2, 3, 4, 5, 6, 7
Regional Vice-President		
Regional Secretary		
Regional Events Coordinator		
	which you will be promoted for t  community activities, indicating any pot in the space provided)	
ORGANIZATION / CLUB	POSITION HELD	DURATION OF TENURE
knowledge. I further submit the bimonthly capacity building se	rmation submitted herein is accura at I will make myself available, should ssions, training workshops, represen boards for the period beginning <b>Ju</b>	d I be elected to office, to attend nt Jamaica overseas and to serve
Signature of Applicant		Date
	SECTION II	
TO BE	C COMPLETED BY SCHOOL PRI	INCIPAL
NAME OF APPLICANT:		
THE OF THE BIOTH !	(NB: Principal – Kindly insert name of cand	lidate before completing)



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1. What is the status of t	the applicant's attendance rec	ord?	
90% and above	70-89%		under 70%
2. Kindly indicate the ca	andidate's average academic	grade	
75% and above	65-75%	5-65%	under 55%
SCHO	OL RELEASE AC	GREEMENT	
I(Name of Principa School, should he/she be elected to on any government appointed bowhich he/she is elected for the per I hereby certify that the above in knowledge.	to office, in order that he/she bard, in addition to carrying ariod beginning <i>July 1, 2025</i> ar	may represent Jamaica out other duties relating and ending June 30, 202	g to the position to <b>26.</b>
——————————————————————————————————————	 Signature	Date & Sci	hool's Stamp
JAMAICA	SECTION III A PREFECTS' ASSOCIATI Parent Consent Form		FORM
CANDIDATE INFORMATION			
NAME OF CANDIDATE:	First Name Mic		name
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## JAMAICA PREFECTS' ASSOCIATION (JPA) EXECUTIVE NOMINATION FORM 2025-2026

CANDIDATE'S DATE OF BIRTH:	dd/mm/yyyy	
SPECIAL DIETARY REQUIREMEN	NTS:	
ILLNESSES/ALLERGIES:		
PARENT/GUARDIAN INFORMATION  NAME OF PARENT/GUARDIAN:		
PARENT'S ADDRESS:		
PARENT'S TELEPHONE #: (home)		
Email address:	to participate Il be required to attend training to	in the Jamaica Prefect's Association (JPA) workshops and capacity building sessions. I represent Jamaica overseas, serve on any
PARENT'S SIGNATURE		DATE