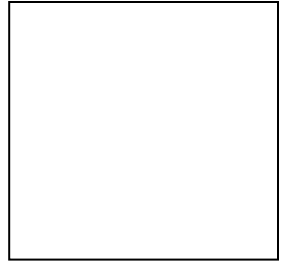




TAIWAN



**GOVERNMENT OF SAINT VINCENT AND THE GRENADINES  
OFFERING NATIONAL SUPPORT FOR INTERNSHIP TRAINING  
AND EMPLOYMENT (ON-SITE)**

**SPONSORED BY THE GOVERNMENT OF THE REPUBLIC OF CHINA ( TAIWAN )**

**APPLICATION FORM**

**PERSONAL INFORMATION**

**TITLE:**                     MR.                     MRS.                     MISS

**MARITAL STATUS:**    SINGLE            MARRIED            WIDOWED            DIVORCED

\_\_\_\_\_

\_\_\_\_\_

**ID NUMBER**

**NIS NUMBER**

**NAME**

\_\_\_\_\_  
**SURNAME**

\_\_\_\_\_  
**FIRST NAME**

\_\_\_\_\_  
**MIDDLE NAME(S)**

**DATE OF BIRTH:**

**AGE:**

(Please attach copy of birth certificate)

\_\_\_\_\_  
**DAY**

\_\_\_\_\_  
**MONTH**

\_\_\_\_\_  
**YEAR**

**RESIDENTIAL ADDRESS** \_\_\_\_\_

**NATIONALITY** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**CONTACT NUMBERS** \_\_\_\_\_

\_\_\_\_\_  
**HOME**

\_\_\_\_\_  
**WORK**

\_\_\_\_\_  
**CELL**

**NEXT OF KIN** \_\_\_\_\_

**CONTACT NUMBERS** \_\_\_\_\_

\_\_\_\_\_  
**HOME**

\_\_\_\_\_  
**WORK**

\_\_\_\_\_  
**CELL**

**EMAIL ADDRESS** \_\_\_\_\_

**CATEGORY OF INTEREST**

(YOU MAY CHOOSE A MAXIMUM OF TWO ( 2 ) CATEGORIES. SELECT ONE

( 1 ) BUSINESS TYPE UNDER EACH CATEGORY. )

**HOSPITALITY:**

**ICT:**

**HEALTH, WELLNESS, SPORTS AND BEAUTY:**

**FINANCIAL/ PROFESSIONAL SERVICES:**

**MANUFACTURING:**

**TRADE/ SERVICES:**

**OTHER SERVICES:**

## EDUCATION

### EDUCATIONAL RECORD

(Attached legible copies of qualifications - originals must be produced upon request)

	NAME OF INSTITUTION	FROM	TO	CERTIFICATION
PRIMARY SCHOOL				
SECONDARY SCHOOL				
COLLEGE				
UNIVERSITY				

**SKILLS** (If you have completed any skills training programme, please state below):

INSTITUTION:

LEVEL OF CERTIFICATION:

## EMPLOYMENT STATUS

UNEMPLOYED

EMPLOYED (Part-time)

SELF EMPLOYED

EMPLOYED (Full-time)

### EMPLOYMENT

(Employment history from completion of education to present)

<u>POST</u>	<u>PLACE OF EMPLOYMENT</u>	<u>FROM</u>	<u>TO</u>	<u>SALARY</u>

If, unemployed, please indicate how long have you been unemployed:

### PERSONAL REFERENCES

(References should be responsible persons who you know well, one of whom should be acquainted with you in private. The names of close relatives must not be given, nor those of distinguished persons unless they know you well. Do not enclose testimonials from your references.)

NAME:

ADDRESS:

OCCUPATION:

PERIOD DURING WHICH HE/SHE HAS KNOWN YOU:

CONTACT NUMBER:

NAME:

ADDRESS:

OCCUPATION:

CONTACT NUMBER:

PERIOD DURING WHICH HE/SHE HAS KNOWN YOU:

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Do you identify as any of the following? (Select the option that is best relevant to you)

- I have a physical impairment
- I am deaf or hard of hearing
- I am blind or visual impaired
- I have a speech impairment
- I have cognitive impairment (this difficulty in applying what you learn)
- I have a learning disability
- I have a psycho-social impairment
- I have a serious health condition. If yes, please state \_\_\_\_\_
- None of the above

**ATTACH THE FOLLOWING**

- COPY OF POLICE RECORD
- COPY OF BIRTH CERTIFICATE
- COPY OF VALID ID
- 2 PASSPORT SIZED PHOTO

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DD/MM/YY

**FOR OFFICIAL USE ONLY:**

**Approved:**       **Rejected:**       **For Review:**   
**Application Received by:** \_\_\_\_\_      **Date:** \_\_\_\_\_  
**Intern Assigned to:** \_\_\_\_\_      **Date:** \_\_\_\_\_  
**Stipend Category:** \_\_\_\_\_      **Amount:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For more information and inquiries, contact the Economic Planning Division on (784)  
457-1746 / 430 -1616 or Email: [cenplan@svgcpd.com](mailto:cenplan@svgcpd.com) / [onsitesvg@gmail.com](mailto:onsitesvg@gmail.com)*

*Facebook: On-Site Programme SVG, Instagram: @onsitesvg  
(Application forms available on social media pages)*