



**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

THIS ENTIRE FORM MUST BE COMPLETED IN BLOCK LETTERS

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:

Hotel and Restaurant Tour Operators Housekeeping Food Preparation/Catering

ICT:

Communications and Media Information Technology Graphic Designing
Telecommunications Computer Repairs

HEALTH, WELLNESS, SPORTS AND BEAUTY:

Health Wellness and Sports Cosmetology Hairdressing Barbering Physiotherapy Fitness Training

FINANCIAL/ PROFESSIONAL SERVICES:

Insurance, Accounting and Banking Secretarial Services Customs Brokerage Real Estate

MANUFACTURING:

Light Manufacturing Garment Construction Argo-Processing

TRADE/ SERVICES:

Construction Landscaping and Horticulture Auto Mechanics and Repairs Upholstery
Plumbing Electrical Services Air Conditioning and Refrigeration Carpentry Masonry

OTHER SERVICES: Retail and Wholesale Trade Janitorial 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:

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

DATE 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 / onsitesvg@gmail.com

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