	Attach Photo
GOVERNMENT OF SAINT VINCENT AND THE GRENA	DINES
OFFERING NATIONAL SUPPORT FOR INTERNSHIP TRA	
AND EMPLOYMENT (ON-SITE)	
SPONSORED BY THE GOVERNMENT OF THE REPUBLIC OF CHIL	NA (TAIWAN)
APPLICATION FORM	
THIS ENTIRE FORM MUST BE COMPLETED IN BLOCK LETTERS	
PERSONAL INFORMATION	
FERSONAL INFORMATION	
	VORCED
ID NUMBER NIS NUMBER	
NAME	
SURNAME FIRST NAME MIDDLE	NAME(S)
DATE OF BIRTH: AGE	2
(Please attach copy of birth certificate) DAY MONTH YEAR	
RESIDENTIAL ADDRESS	
NATIONALITY	
EMAIL ADDRESS	
CONTACT NUMBERSHOME CONTACT NUMBERS	CELL
nome	
NEXT OF KIN	
CONTACT NUMBERS	
HOME WORK O	CELL
EMAIL ADDRESS	
CATEGORY OF INTEREST	
(YOU MAY CHOOSE A MAXIMUM OF TWO (2) CATEGORIES. INDICATE 1ST & 2ND CHOICES IN PROVIDED, THEN SELECT (1) AREA OF INTEREST UNDER EACH CATEGORY	
HOSPITALITY:)
Hotel Reception Tour Operators Housekeeping Food Preparation/Catering	Restaurant
ICT: Media Information Technology <u>Telecommunications</u> Co	mputer Repairs
HEALTH, WELLNESS, SPORTS AND BEAUTY:	
Laboratory Doctor's Office Cosmetology Hairdressing Fitness Training	
FINANCIAL/ PROFESSIONAL SERVICES:	
Insurance Accounting Banking Secretarial Services Customs Brokerage Real Estate	
MANUFACTURING: Garment Construction Agro-Processing	
TRADE/ SERVICES:	
Construction Landscaping and Horticulture Auto Mechanics and Repairs Upholstery	
Plumbing Electrical Services Air Conditioning and Refrigeration Carpentry Masc	nry
OTHER SERVICES: Retail and Wholesale Trade Janitorial Services Early Childhood	Education

	<u> </u>	CATION		
EDUCATION (Please attach le	AL RECORD gible copies of qualifications - origina	als must be produced	upon request	
(1 10000 000000 10	NAME OF INSTITUTION	FROM	ТО	CERTIFICATION
PRIMARY SCHOOL				
SECONDARY SCHOOL				
COLLEGE				
UNIVERSITY				
INSTITUTION	ERTIFICATION:			
UNEMI	EMPLOYMENT		ARE YOU D (Part-time)?	
SELF E	MPLOYED?	EMPLOYE	D (Full-time)?	
MPLOYMENT				
<u>POST</u>	rom completion of education to present) <u>PLACE OF EMPLOYMENT</u>	FROM	TO	SALARY
				:
PERSONAL RI	please indicate how long you have EFERENCES e responsible persons who you know well, one of e of distinguished persons unless they know you	of whom should be acquai	nted with you in private. T	
	••••••••••••••••••••••			

Do you	i identify as any of the	following? (Select the	option(s) tha	t is most relevant	to you)	
L have a phys	sical impairment					
	hard of hearing					
	r visually impaired					
	ech impairment					
	-	difficulty in applying	what you loo	ma)		
	tive impairment (this is	anneuity in applying	what you lea	(11)		
	ning disability	1				
	ous health condition. If	yes, please state				
None of the	above					
	THE FOLLOWING T	O THIS APPLICAT	ION FORM			
)F POLICE RECORD)F BIRTH CERTIFICA	ATE				
• COPY C	OF VALID ID					
	PORT SIZED PHOTOS OF NIS CARD	S				
SIGNATUR	E OF APPLICANT			DATE DD/I	MM/YY	
	n of the ON-SITE progr n level, as follows :	camme is six (6) month	hs. Each inter	n will be paid a st	ipend per month	based
Primary	EC\$800.00	College	EC\$1500.	00		
Secondary	EC\$1000.00	University	EC\$2200.	00		
A	certified copy of banki	ng information will be	e required for	successful applica	ants.	
A	certified copy of banki	ng information will be FOR OFFICIAL U	Ŷ	successful applica	ants.	
A Approved:	certified copy of banki	-	Ŷ	successful applica	ants.	I
Approved:	certified copy of banki	FOR OFFICIAL U Rejected:	SE ONLY:	For Review:		I
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