

THIS ENTIRE FORM MUST BE COMPLETED IN **BLOCK LETTERS**



**GOVERNMENT OF SAINT VINCENT AND THE GRENADINES**

on support for

# **EDUCATION AND TRAINING (SET) PROGRAMME**

**POSITION DESIRED**

## **PERSONAL INFORMATION**

### **TITLE**

- MR.  
 MRS.  
 MS.

### **MARITAL STATUS**

- SINGLE  
 MARRIED  
 WIDOWED  
 DIVORCED

**NIS NUMBER**

### **NAME**

SURNAME

FIRST NAME

MIDDLE NAME(S)

### **DATE OF BIRTH**

*(Attached copy of birth certificate)*

DAY

MONTH

YEAR

### **RESIDENTIAL ADDRESS**

### **POSTAL ADDRESS**

### **NATIONALITY**

### **EMAIL ADDRESS**

### **CONTACT NUMBERS**

HOME

WORK

CELL

**EDUCATIONAL RECORD**

*(Attached clear copies of qualifications - originals must be produced upon request.)*

	<b>NAME OF INSTITUTION</b>	<b>FROM</b>	<b>TO</b>	<b>CERTIFICATION</b>
<b>HIGH SCHOOL</b>				
<b>COLLEGE</b>				
<b>UNIVERSITY</b>				

**OTHER ACADEMIC QUALIFICATIONS**

*(Indicate qualifications and dates received.)*

**PERSONAL ACHIEVEMENTS**

*(Indicate achievements which reflect personal qualities, potential, and capabilities.)*

**EMPLOYMENT**

*(Employment history from completion of education to present)*

POST HELD	PLACE OF EMPLOYMENT	FROM	TO	SALARY

**TYPE OF EMPLOYMENT DESIRED**

- PERMANENT AND PENSIONABLE  
 CONTRACTUAL  
 TEMPORARY

**PERSONAL REFERENCES**

*(References should be responsible persons who you know well, one of whom should be acquainted with you in private life. 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:

PERIOD DURING WHICH HE/SHE HAS KNOWN YOU:

CONTACT NUMBER:

**TESTIMONIALS**

*(Submit only copies of testimonials; originals must not be submitted.)*

**NAME:**

**ADDRESS:**

**OCCUPATION:**

**CONTACT NUMBER:**

**NAME:**

**ADDRESS:**

**OCCUPATION:**

**CONTACT NUMBER:**

**ATTACH COPY OF POLICE CERTIFICATE**

**Applicant's photo here**

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**SIGNATURE OF APPLICANT**

**DATE**

**DD/MM/YY**