



For Office Use Only		
Application No.:		
Q	NQ	P

APPLICATION FORM

(PLEASE COMPLETE THIS FORM IN 2 COPIES AND WRITE CLEARLY IN DARK BLUE OR BLACK INK)

Research Assistant – (Contract Basis)
Project Title: Mid-Cycle Evaluation of the Extended Programme
(2018-2019)

2. National Identity Card No.:

3. Title: Mr Mrs Miss

4. Surname:
 Other name(s):
 Maiden name (if applicable):
 } Block Letters

5. Residential Address:
.....

E-mail Address:.....

Telephone No: Home: Mobile: Office:

Date of birth: Age: Nationality:

6. Education

Names of secondary schools attended:

SC/GCE 'O' Level Results	1 st attempt	2 nd Attempt	3 rd Attempt
Date of Attempt (Month/Year)			
Subjects	Grades (e.g. 1, 2, 3 ... or A, B, C ...)		

HSC/GCE 'A' Level Results	1 st attempt		2 nd Attempt		3 rd Attempt	
Date of Attempt (Month/Year)						
Subjects taken at Principal Level	Grades (A, B, C ...)					
Subjects taken at Subsidiary Level	Grades (e.g. 1, 2, 3 ... or A, B, C ...)					

7. **Post Secondary Qualifications**

	Courses/Programmes	Institutions	Grade Awarded <i>(if degree, state class and whether with Honours)</i>	Duration	From	To
1						
2						
3						

8. **Employment History**

(a) Present Employer:

Present Position held: From: To:.....

Present Salary: Period of notice required by employer:

(b) Previous Employment

Name of Employer	Period		Post held
	From	To	

9. **Other courses, seminars, etc (if any) attended. (Give details, including dates)**

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10. Indicate

a. Any important articles, books, etc, which you have published or contributed to:

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b. Hobbies, sports, interests and any other matters you would wish to bring to the attention of the Institute

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11. Give details of experience as specified in advertisement

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12. Referees

Referee 1

Name:

Occupation:

Address:

.....

Phone No.:

(N.B Please obtain their prior agreement to act as referees)

Referee 2

Name:

Occupation:

Address:

.....

Phone No.:

Declaration

I,, the undersigned applicant declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

Date:

Signature:

NB: Incomplete and inaccurate filling of the form and not supported by relevant documents may entail elimination of candidates.