

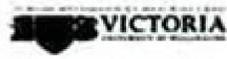
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BIO-DATA

Name -> HONG PINGLIAN NATALIA YUAN
Date of Birth -> 04 Jun 1992
Place of Birth -> Tainan Great Dist. Peohsueh, Taiwan
Postal Address -> "Singapore", A.S. Road 10/20,
The National Science Museum, 1001-010,
Taipei, Taiwan, Taiwan - 100101
Telephone Numbers -> Office: (886)21 22392
Residence: (886)21 22392
Office: (886)21 22392
Fax No. -> Office: (886)21 22392
E-mail Address -> hongp@ntm.gov.tw
hpyuan@vict.ac.nz
Visiting Status -> Study, Study at the age of 16 or more, Visa not for the
purpose of the application
Educational Qualifications -> Study, Study at the age of 16 or more, Visa not for the
purpose of the application
M.A.S.S. Degree National Taiwan University
Profession -> Assistant Teacher in Chem. Dept., Secondary and Higher
Secondary School - (Taiwan, since 1997)
Masters Status -> None
Hobbies -> Music, Reading, writing, Health Exercises,
Playing Chess and working on Computer
Nationality -> None
Religion -> None
Honorary services ->
1. Director, Science Society and Modeling Team, Anhui Keyuan Tech Group, since
1992
2. President, Anhui Welfare Council, China, since 2000
3. President, Anhui Education Association of Anhui Province of Anhui
4. Vice President General, National Education of Anhui, China, since 1995 to
2000
5. Member of General Executive Committee of Anhui Education of Anhui, China, since
1997 to 2000
6. Member of General Executive Committee of the National Education of Anhui, China, since
1995
7. Member of National Executive Committee of the National Association for the Blind, Anhui,
China, since 2001 to 2002
8. Director, Science Council, Anhui Welfare Model, Anhui, 1993-1995
9. President, Science Council, Anhui Welfare Model, Anhui, 1993-1995
10. Served as a member of "Special Selection Committee" (one of expert for disabled
Gen. selection and then approved by Government of Anhui, 1998-2000)
-4-

**SCHOLARSHIP APPLICATION FORM
DOCTORAL SCHOLARSHIP APPLICATION FORM**

For Domestic candidates already enrolled at, or with an offer of study from, Victoria University



VICTORIA UNIVERSITY OF WELLINGTON
DOCTORAL SCHOLARSHIP ONLY
APPLICATION FORM
PAGE 1 OF 3

GENERAL INFORMATION

Applicants must apply directly to the Scholarships Office

SCHOLARSHIPS OFFICE
10 Kelburn Parade
Victoria University
P O Box 600
WELLINGTON 6012

Email: pg-research@vuw.ac.nz
http://www.victoria.ac.nz/learning/scholarships/new_scholarship/

- The closing dates are 1 March, 1 July and 1 November
- You must have been granted admission to the Doctoral programme to make an application on this form. If you have not already been admitted into the Doctoral Programme you must use the online application process: <http://www.victoria.ac.nz/learning/prospective-phd/show-to-apply>
- Applicants who do not supply the required documentation by the due date will not be considered in the current round.

APPLICANT'S CONTACT DETAILS

FIRST NAME LAST NAME
WORKING EMAIL ADDRESS (if applicable)
STREET ADDRESS
SUBURB
TOWN/CITY
COUNTRY
TELEPHONE MOBILE
EMAIL (WORK)
EMAIL (PERSONAL)

Notifications will be made by email

PERMANENT RESIDENTIAL ADDRESS (if different from above):

STREET ADDRESS
SUBURB
TOWN/CITY
COUNTRY

ADDRESS ENQUIRIES AND YOUR COMPLETED FORM TO:

SCHOLARSHIPS OFFICE
10 Kelburn Parade
Victoria University of Wellington
PO Box 600
Wellington
New Zealand

EMAIL: pg-research@vuw.ac.nz
WEBSITE

www.victoria.ac.nz/scholarships

ACADEMIC QUALIFICATIONS

List all undergraduate and postgraduate study in New Zealand and overseas (for example Degree Completion Certificate). Attach certified copies of transcripts and other documentation from all institutions except Victoria University of Wellington.

Institution	Place & country	Year From	Year To	Degree or Postgraduate qualification

Chamber Music Workshop Registration Form

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone numbers (include cell): _____

Email: _____

Student's Age (as of July 7): _____ Grade Just Completed: _____

School Attended Last Year: _____

Music Teacher's Name: _____

Years of Study: _____

Recent repertoire studied:

I certify that the above information is correct, and I agree to allow my child to participate in the festival's program and activities.

Parent's or Guardian's Name: _____

I promise to obey the rules of the workshop and the university, to participate in the workshop's activities, and to try to profit by the instruction.

Student's Name: _____

Please include your payment of \$170 with this application form and medical release form. The application deadline is June 15.
(\$20 late fee will apply to all registrations postmarked after June 15)

Sample Job Task Analysis Form

A Job Task Analysis should be completed for each task in a job.

All completed Job Task Analysis (JTA) forms should be kept in a central location so they can be accessed by management when conducting training on the task.

Job Title:	
Name of Task:	
Supervisor:	Hours Worked per Week:
Outline of Job Duties:	
Physical Job Demands	
Grade activity frequency according to scale below by circling the most appropriate number on the following form.	
0 - not required	3 - occasionally required (12-25 times/shift)
1 - seldom required (1-5 times/shift)	4 - frequently required (26-70 times/shift)
2 - minor requirements (6-11 times/shift)	5 - always required (71+ times/shift)
Where applicable, grade weight requirements according to scale below by circling the most appropriate lower case letter:	
a- limited (up to 5 kg)	c- medium (10 kg but less than 20 kg)
b- light (5 kg but less than 10 kg)	d- heavy (more than 20 kg)
Grade activity duration according to the scale below by circling the most appropriate upper case letter on the following form.	
A- minimal (0 to 1 hours/shift)	D - continuous (over 5.5 hours/shift)
B- occasional (1 - 2.5 hours/shift)	C - frequently (2.5 - 5.5 hours/shift)
	E - never

Candidate Application form for Interview

PERSONAL DATA

Name with Initials	
Full name (underline the surname)	
NIC No	
Date of Birth	
Marital Status	Single / Married / Divorce/ Widow/Widower
Nationality	Sri Lankan / other
Race	Sinhalese/Tamil/Muslim/Burgher/Malay/ Chinese/Others
Religion	Buddhism/ Hindu/ Islam/ Christian /Roman Catholic/Others

PERMANENT ADDRESS

Permanent Address	
No.	
Street 1	
Street 2	
Street 3	
City/Town	
District	
Country	Sri Lankan /Other
Telephone	
Mobile	
Email	

CURRENT ADDRESS (if different from the permanent address)

House No	
Street 1	
Street 2	
Street 3	
City/Town	
District	
Telephone	
Mobile	

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