Applications are invited from qualified employees on the Permanent Pensionable Establishment of the Ministry who wish to be considered for appointment as Senior Attendant (Hospital Services) (on shift) in the Ministry of Health and Wellness.

II. QUALIFICATIONS

By selection of officers from the grades of Attendant (Hospital Services) (on shift) and Ambulance Care Attendant (on shift).

III. DUTIES

A. To be responsible to the Executive Officer (Health Services) and Hospital Executive Assistant (on shift)/Officer-in-Charge of the Department/Section where he/she is posted for:

(i) performing the duties of an Attendant (Hospital Services) (on shift);
(ii) cleaning the premises of the section / department / station where he / she is posted;
(iii) cleaning with or without special reagents, and maintaining furniture, instruments, equipment, apparatuses, containers and wares;
(iv) assisting the professional staff in the non-professional aspects of their work;
(v) destroying / disposing of all wastes from section / department;
(vi) performing any of the following duties depending upon the section / department where he / she is posted:
   (a) receiving, checking, cleaning, preparing, assembling, instruments, containers, wares, packages, etc, for sterilisation purposes;
   (b) receiving, sorting, distributing specimens, films, containers, packages;
   (c) wheeling portable equipment, machines to and from the section / department;
   (d) taking care of and operating simple plant, equipment and switchboard;
   (e) making and sterilising cotton wool swabs;
   (f) preparing and serving tea and light snack meals whenever required; and
   (g) accompanying the professional staff in their field duties if directed.

B. To perform such other duties directly related to the main duties listed above or related to the delivery of the output and results expected from Senior Attendant (Hospital Services) (on shift) in the roles ascribed to them.

IV. SALARY

The permanent and pensionable post carries salary in the scale of Rs 15,745 x 260 – 17,825 x 275 – 18,925 x 300 – 19,525 x 325 – 21,475 x 375 – 22,225 x 400 – 23,425 x 525 – 26,050 x 675 – 27,400 a month plus salary compensation at the approved rates.

The selected candidates will be appointed in a temporary capacity in the first instance for a trial period of six months and will draw a flat salary of Rs 15,745 a month plus salary compensation at the approved rates. However, employees drawing higher salaries will retain the salaries of their substantive posts, where applicable. Consideration will, thereafter, be given for their appointment as Senior Attendant (Hospital Services) (on shift) in a substantive capacity subject to:-

P.T.O.
(a) vacancies in the grade; and
(b) their being favourably reported upon by their respective Heads of Divisions/Sections.

V. MODE OF APPLICATION

a. Qualified candidates should submit their application on prescribed forms which may be obtained either from the Hospital Executive Assistant’s Office or the Human Resource (HR) Sections of the Regional Hospitals or the Human Resource Section (A) of the Ministry of Health and Wellness, Level 5, Emmanuel Anquetil Building, Port Louis, or from the website of the Ministry at http://health.govmu.org

b. Candidates should submit their application form in duplicate. The original to be sent directly to the Senior Chief Executive, Ministry of Health and Wellness and the duplicate, through their respective Head of Divisions/Sections and the Human Resource Section of their respective region.

c. Care should be taken to fill in the application form correctly. Incomplete, inadequate or inaccurate filling of the application form may entail elimination of the applicant.

d. The originals of birth and qualification certificates should not be submitted with applications, but applicants should produce same as and when called upon to do so. Applications not made on the prescribed form will not be considered.

VI. CLOSING DATE

Application Forms should reach the Senior Chief Executive (Attention Human Resource Section A), Ministry of Health and Wellness, 5th Floor, Emmanuel Anquetil Building, Port Louis not later than 3.30 p.m on Tuesday 07 March 2023. Applications received after the closing date will not be considered.

VII. When transmitting Application Forms, Heads of Divisions/Sections/Human Resource Section of the respective region should:-

(a) verify all documents and evidence in respect of information given under any of the headings at Part I of the application forms; and

(b) complete Part II of the application form of each applicant of their respective Divisions/Sections and sign the last part of the application form certifying the correctness of the particulars recorded therein. The duplicate form should be submitted to the Human Resource Section within one week after the closing date.

c) The Human Resource Section of Regional Hospitals should verify the duplicate copy and complete Part III before submitting any application to the Senior Chief Executive (Attention Human Resource Section A), Ministry of Health and Wellness, 5th Floor, Emmanuel Anquetil Building, Port Louis within fifteen days after the closing date.

VIII. Head of Sections/Divisions should ensure that the contents of this Circular are brought to the attention of all eligible employees including those on leave.

Date: 15 February 2023

Ministry of Health and Wellness
5th Floor Emmanuel Anquetil Building
Port Louis

Copy to: Regional Health Services Administrators, JH, SSRNH, Dr BCH, JNH and VH
Chief Hospital Administrator
Hospital Administrator, All Hospitals
Manager, Human Resources, JH, SSRNH, Dr BCH, JNH and VH
File “Circular”
MINISTRY OF HEALTH AND WELLNESS

Part I

1. Post applied for: .................................................................

2. Date of advertisement: ...........................................................

3. Surname (in block letters): ...........................................................

4. Other names: .............................................................................

5. Maiden Name (if applicable): .........................................................

6. Title: Mr □ Mrs □ Miss □ (Tick as appropriate)

7. Date of Birth: ....................... 8. Age: .................................

9. National Identity No.: ....................................................................

10. Telephone No.: Res: ............................... Mobile: ..............................

11. Residential Address (in block letters): .............................................................

12. Place of work: ............................................................................

13. Date joined service: ....................... as ........................................................

14. Date transferred to PPE: .................................................................

15. Present Job Title: ..........................................................................

16. Date of Present Appointment: .............................................................

17. Previous Appointment held in the Government Service and Capacity:

<table>
<thead>
<tr>
<th>Appointment</th>
<th>From</th>
<th>To</th>
<th>Ministry/Department</th>
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</table>

18. Qualifications:

(a) Detailed Results

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<tr>
<th>C.P.E/PSLC Year</th>
<th>School Certificate Year</th>
<th>GCE 'O' Level Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects</td>
<td>Grade</td>
<td>Subjects</td>
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</table>

Note: Please attach copies of birth and educational certificates.
Any other qualifications/experience: (e.g. actingship):

______________________________________________________________________________
______________________________________________________________________________

19. (a) Have you been the subject of an investigation/enquiry for any offence during the last 10 years?

Answer Yes or No ………………. If Yes, indicate nature of offence and date of outcome.
______________________________________________________________________________
______________________________________________________________________________

(b) Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?

Answer Yes or No ………………. If Yes, give details (court, charge, date of judgement and sentence – e.g imprisonment, fine, caution or conditional discharge):
______________________________________________________________________________
______________________________________________________________________________

Date:........................................... ..................................................

Signature of Applicant

Part II

To be filled in by Head of Division/Section/Unit concerned

(i) Record of sick leave during the following years:

2020:……………..  2021:……………..  2022:……………..

Record of unauthorised absence during the following years:

2020:……………..  2021:……………..  2022:……………..

(ii) Report on applicant:

Work: ………………… Conduct: ………………… Attendance: …………………

(iii) Comments, if any, on experience claimed and any other remarks:

______________________________________________________________________________
______________________________________________________________________________

Date:........................................... ..................................................

Signature

Name (in full): …………………………..

Designation: …………………………..
Part III

To be filled by an officer not below the rank of Human Resource Executive in the Human Resource Section of the Regional Hospitals where the applicant is posted

(i) Whether officer has been subject to disciplinary action for the past ten years. If in the affirmative, please give details:

......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................

(ii) Whether the officer was / or is subject to police enquiry for any offence. If in the affirmative, please give details:

......................................................................................................................................................
......................................................................................................................................................
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(iii) Overall Score of Performance obtained according to the Performance Appraisal Form during the past 3 years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating</th>
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<th>Rating</th>
<th>Year</th>
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<td>2019/2020</td>
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<td>2020/2021</td>
<td></td>
<td>2021/2022</td>
<td></td>
</tr>
</tbody>
</table>

I certify that particulars under Parts I, II and III have been verified and found correct.

Date:..............................................

Signature

Name (in full): ..................................

Designation: ..................................