

MINISTRY OF HEALTH AND WELLNESS

MHC/APT/FOR/WOOD1

Ministry of Health and Wellness Circular No. 06 of 2023

From: Senior Chief Executive, Ministry of Health and Wellness

To: Heads of Divisions/Sections

Vacancy for the post of Foreman – Orthopaedic Appliances Workshop (Wood) in the Ministry of Health and Wellness

Applications are invited from qualified employees on the Permanent and Pensionable Establishment of the Ministry of Health and Wellness who wish to be considered for appointment as **Foreman – Orthopaedic Appliances Workshop (Wood)**.

II. QUALIFICATIONS

- A. By selection from among Tradesmen who
- (i) reckon at least eight years' service in a substantive capacity in the grade;
 - (ii) possess the Certificate of Primary Education; and
 - (iii) are able to control, organise and discipline workers.
- B. Candidates should also have a thorough knowledge of all wood work of the workshop.

Note

1. Tradesmen who do not possess the Certificate of Primary Education will also be considered for appointment if they show proof of being literate.
2. Selected candidates will be required to undergo on the job training in the work of Foreman in the relevant field under the supervision of the Head of the Division/Section.

III. DUTIES

1. To be responsible to the Manager, Orthopaedic Appliances Workshop for:
 - (a) organising the work in the workshop;
 - (b) supervising the junior staff in the correct use of all instruments, equipment and plants and ensuring that all operations relating to the work in the workshop are performed correctly and expeditiously;
 - (c) ordering, receiving and issuing materials required and keeping records thereof;
 - (d) keeping inventories of the tools, equipment and plants and issuing of tools as required;
 - (e) keeping attendance book and recording attendances;
 - (f) identifying all materials used;

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- (g) preparing materials for appliances, protheses, artificial limbs and other orthopaedic work;
- (h) training of junior staff; and
- (i) operating all plants and equipment in the workshop and performing the duties of the trade **in a senior capacity**.

2. 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 Foreman – Orthopaedic Appliances Workshop (Wood) in the roles ascribed to them.

IV. **SALARY**

The permanent and pensionable post carries salary in the scale of Rs 20,825 x 325 – 21,475 x 375 – 22,225 x 400 – 23,425 x 525 – 26,050 x 675 – 27,400 x 825 – 34,825 a month.

The selected candidates will in the first instance be appointed in a temporary capacity for a period of six months and will draw a flat salary of Rs 20,825 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 **Foreman – Orthopaedic Appliances Workshop (Wood) in a substantive capacity subject to:-**

- (i) **vacancies in the grade; and**
- (ii) **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 14 March 2023. Applications received after the closing date will not be considered.**

- VII. When transmitting Applications 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: 22 February 2023

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

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:**

<i>Appointment</i>	<i>From</i>	<i>To</i>	<i>Ministry/Department</i>

18. **Qualifications:**

(a) **Detailed Results**

<i>C.P.E/PSLC Year.....</i>		<i>School Certificate Year.....</i>		<i>GCE 'O' Level Year.....</i>	
<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>

Note: Please attach copies of birth and educational certificates.

(b) **Any other qualifications/experience: (e.g actingship):**

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

Answer Yes or NoIf Yes, indicate nature of offence and date of outcome.

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(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 NoIf Yes, give details (court, charge, date of judgement and sentence – e.g imprisonment, fine, caution or conditional discharge):-

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Date:.....

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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:**

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Date:.....

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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:

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(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:

<i>Year</i>	<i>Rating</i>	<i>Year</i>	<i>Rating</i>	<i>Year</i>	<i>Rating</i>
<i>2019/2020</i>		<i>2020/2021</i>		<i>2021/2022</i>	

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

Date:.....

.....

Signature

Name (in full):

Designation:

