**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**: ……......……… **work**:………........……..…..

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:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Appointment*** | ***From*** | ***To*** | ***Ministry/Department*** |
|  |  |  |  |
|  |  |  |  |

18. **Qualifications:**

(a) **Detailed Results**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***C.P.E/PSLC***  ***Year............*** | | ***School Certificate***  ***Year............*** | | ***GCE 'O' Level***  ***Year............*** | |
| ***Subjects*** | ***Grade*** | ***Subjects*** | ***Grade*** | ***Subjects*** | ***Grade*** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

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

………………………………………………………………………………………………………......………......

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***Date:****....................................... ............................................................*

***Signature of Applicant***

**Part II**

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

**(i) Record of sick leave during the past 3 years:**

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

**Record of unauthorised absence during the past 3 years:**

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

**(ii) Report on applicant:**

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

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

……………………………………………………………………………………………....

***Date:*** *……………………… ………………………………….........................*

***(Signature of Officer)***

***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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Rating** | **Year** | **Rating** | **Year** | **Rating** |
| **2019/2020** |  | **2020/2021** |  | **2021/2022** |  |

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

***Date:*** *……………………… ………………………………….........................*

***(Signature of Officer)***

***Name (in full):*** *……………………................*

***Designation:*** *……………………………..........*