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 (Carpentry Workshop).

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 the carpentry work.

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 Workshop Supervisor (Carpentry Workshop) for:
   (a) assisting the Workshop Supervisor in the performance of his duties;
   (b) organizing the work to be performed by the workers at the workshop or on site of work;
   (c) ordering, receiving and issuing materials required and keeping records thereof;
   (d) distributing work, materials and tools to workers under his supervision and controlling the work which is being carried out;
   (e) keeping an inventory of loose tools issued to workers and arranging for the security of unused materials and unfinished work;
   (f) keeping attendance book and recording attendances;
   (g) training of apprentices;
   (h) performing the duties of Carpenter and Cabinet Maker in a senior capacity; and
   (i) opening and closing of workshop.

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 (Carpentry Workshop) 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 20825 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 (Carpentry Workshop) in a substantive capacity subject to:
   (i) vacancies in the grade; and
   (ii) their being favourably reported upon by their respective Head 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](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 26 September 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:** 06 September 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 Administrators, All Hospitals*
*Assistant Managers, 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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18. **Qualifications:**

(a) **Detailed Results**

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<thead>
<tr>
<th>C.P.E/PSLC Year........</th>
<th>School Certificate Year.......</th>
<th>GCE 'O' Level Year.........</th>
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<tbody>
<tr>
<td><strong>Subjects</strong></td>
<td><strong>Grade</strong></td>
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**Note:** Please attach copies of birth and educational certificates.
(b) **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):-
..........................................................................................................................
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**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:**...................................................... .............................................

**Signature of Applicant**

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**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:**...................................................... .............................................

**Signature**

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

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

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<th>Year</th>
<th>Rating</th>
<th>Year</th>
<th>Rating</th>
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<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>2020/2021</td>
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<td>2021/2022</td>
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<td>2022/2023</td>
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</tr>
</tbody>
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I certify that particulars under Parts I, II and III have been verified and found correct.

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

Signature

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

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