# MINISTRY OF HEALTH AND WELLNESS

#### Circular No. 11 of 2023

#### Vacancies for the post of Handy Worker (Special Class)

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 **Handy Worker (Special Class)**.

### II. **QUALIFICATIONS**

By selection from among employees on the permanent and pensionable establishment of the Ministry who: -

- (a) possess the Certificate of Primary Education; and
- (b) are capable of dealing efficiently with members of the public.

#### Note:

In the absence of candidates possessing the qualification at (a) above, consideration will be given to candidates who can show proof of being literate.

#### III. <u>DUTIES</u>

- 1. To clean and upkeep all areas and sections of the health institutions including yards, floors, walls, windows, glass panes (internal and external), staircases, corridors, bathrooms, toilets and sluice rooms.
- 2. To clean crockery, bottles, utensils, instruments and other items in use at the health institutions.
- 3. To carry drugs, medicines, linen and other requirements from one health institution to another.
- 4. To carry stretchers, wheelchairs and trolleys with or without patients and attend to the needs of patients.
- 5. To carry containers, kits and other items to and from delivery vans, storerooms and distribution points.
- 6. To carry specimens to laboratories, other institutions/sections of the Ministry and go on official errands.
- 7. To carry messages, answer telephone calls, and to take and transmit messages.
- 8. To assist in the receipt and distribution of commodities.
- 9. To dispose of domestic and clinical wastes and other items as directed.
- 10. To perform any unskilled manual work, as required.
- 11. 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 Handy Worker (Special Class) in the roles ascribed to him.

## IV. <u>SALARY</u>

The permanent and pensionable post carries salary in the scale of Rs 14,225 x 250 - 15,225 x 260 - 17,825 x 275 - 18,925 x 300 - 19,525 x 325 - 21,475 x 375 - 22,225 x 400 - 23,025.

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 14225 a month. However, employees drawing higher salaries will retain the salaries of their substantive posts, where applicable. Consideration will, thereafter, be given for their appointment as **Handy Worker (Special Class) in a substantive capacity subject to:** 

- -2-
- (a) vacancies in the grade; and
- (b) their being favourably reported upon by their respective Heads of Divisions/Sections.

# V. MODE OF APPLICATION

- Qualified candidates should submit their application on prescribed forms which may be obtained <u>either</u> from the Hospital Executive Assistant's Office <u>or</u> the Human Resource (HR) Sections of the Regional Hospitals <u>or</u> the Human Resource Section (A) of the Ministry of Health and Wellness, Level 5, Emmanuel Anquetil Building, Port Louis, <u>or</u> from the website of the Ministry at <u>http://health.govmu.org</u>
- 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 Heads of Divisions/Sections and Human Resource Section of their respective region.
- c. Care should be taken to fill in the application form correctly. <u>Incomplete, inadequate or</u> <u>inaccurate filling of the application form may entail elimination of the applicant.</u>
- d. The originals of birth and qualification certificates should <u>not</u> be submitted with applications, but applicants should produce same as and when called upon to do so. <u>Applications not</u> <u>made on the prescribed form will not be considered.</u>

#### VI. <u>CLOSING DATE</u>

Application Forms should reach the Senior Chief Executive (attention Human Resource Section A), Ministry of Health and Wellness, 5<sup>th</sup> Floor, Emmanuel Anquetil Building, Port Louis not later than **3.30 p.m** on **Thursday 21 September 2023**. **Applications received after the closing date will not** <u>be considered.</u>

- **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, 5<sup>th</sup> Floor, Emmanuel Anquetil Building, Port Louis <u>within fifteen days</u> after the closing date.
- VIII. Head of Sections/Divisions should ensure that the contents of this Circular are brought to the attention of <u>all</u> eligible employees including those on leave.

#### Date: 01 September 2023

Ministry of Health and Wellness 5<sup>th</sup> 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 Assistant Manager, Human Resources, JH, SSRNH, Dr BCH, JNH and VH File "Circular"

# MINISTRY OF HEALTH AND WELLNESS

1.	Part 1 Post applied for:
2.	Date of advertisement:
3.	Surname (in block letters):
4.	Other names:
5.	Maiden Name (if applicable):
6.	<b><u>Title:</u></b> Mr $\Box$ Mrs $\Box$ Miss $\Box \Box$ ( <i>Tick as appropriate</i> )
7.	Date of Birth:   8.   Age:
9.	National Identity No.:
10.	Telephone No.: Res: Mobile: Place of work:
11.	Residential Address (in block letters):
12.	Place of work:
13.	Date joined service:
14.	Date transferred to PPE:
15.	Present Job Title:
16.	Date of Present Appointment:

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

Appointment	From	То	Ministry/Department

#### 18.

# <u>Qualifications:</u> <u>Detailed Results</u> (a)

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

Note: Please attach copies of birth and educational certificates.

(b)	Any other qualifications/experiences	: (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.

.....

(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:.....

(i)

Signature of Applicant

#### <u>Part II</u>

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

**Record of sick leave during the past 3 years:** 

. /			
	2020:	2021:	2022:
Reco	rd of unauthorised absence d	luring the past 3 years:	
	2020:	2021:	2022:
( <b>ii</b> )	Report on applicant:		
	Work:	Conduct:	Attendance:
( <b>iii</b> )	Comments, if any, on expe	rience claimed and any other rema	ırks:

Date: .....

(Signature of Officer)

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

Designation:

#### <u>Part III</u>

To be filled by an officer not below the rank of Human Resource Executive in the Human Resource Section of the Regional Hospital 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. In the affirmative, please give details:

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

Year	Rating	Year	Rating	Year	Rating
2020/2021		2021/2022		2022/2023	

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

Date: .....

(Signature of Officer)

Name (in full): .....

Designation: