

# MINISTRY OF HEALTH AND WELLNESS

## Application Form for the Post of Cook (on roster)

### **SECTION A** *(to be filled in by Applicant)*

1. **Post applied for:** .....
2. **Date of advertisement:** .....
3. **Title:** Mr ☐ Mrs ☐ Miss ☐ (Tick as appropriate)
4. **Surname** (in block letters): .....
5. **Other names:** .....
6. **Maiden Name** (if applicable): .....
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 Permanent and Pensionable Establishment:**.....
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. **Educational 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.

19. **Any experience relevant to the post applied for (attach documentary evidence of experience claimed):**

.....  
 .....

20. (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*

---

**SECTION B**  
**(to be filled in by Head of Division/Section/Unit concerned)**

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

2022:..... 2023:..... 2024: .....2025(as at date): .....

**Record of unauthorised absence during the following years:**

2022:..... 2023:..... 2024: .....2025(as at date): .....

(ii) **Report on applicant:**

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

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

.....  
.....

Date:.....

.....  
*Signature*

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

*Post Held:* .....

[ Stamp of Ministry ]

## SECTION C

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:

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

- (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>
2022/2023		2023/2024		2024/2025	

I certify that particulars under Section A, B and C have been verified and found correct.

*Date:*.....

.....  
*Signature*

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

*Designation:* .....

[ Stamp of Ministry ]