

**MINISTRY OF HEALTH AND WELLNESS**

**Application Form for the Post of Ambulance Care Attendant (on shift)**

**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/PSAC</i> <i>Year.....</i>		<i>Cambridge S.C/Cambridge</i> <i>G.C.E/London G.C.E 'O'</i> <i>Level</i> <i>Year.....</i>		<i>Cambridge H.S.C/Cambridge</i> <i>G.C.E/London G.C.E 'A'</i> <i>Level</i> <i>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) **Other Qualifications relevant to the post applied for (attach documentary evidence)**

.....  
 .....

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:** .....

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***Signature of Applicant***

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

(i) **Statement of sick leave taken, leave without pay and unauthorised absences:**

<b>Year</b>	<b>Sick Leave Taken</b>	<b>Leave without pay</b>	<b>Unauthorised absences</b>
2023			
2024			
2025			
2026 till 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 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:**

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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:**

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

**(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>2022/2023</i>		<i>2023/2024</i>		<i>2024/2025</i>	

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 ]