

**MINISTRY OF HEALTH AND WELLNESS**

## **Application Form for the Post of Attendant (Hospital Services) (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><br><i>Year.....</i> |              | <i>Cambridge S.C/Cambridge</i><br><i>G.C.E/London G.C.E 'O'</i><br><i>Level</i><br><i>Year.....</i> |              | <i>Cambridge H.S.C/Cambridge</i><br><i>G.C.E/London G.C.E 'A'</i><br><i>Level</i><br><i>Year.....</i> |              |
|--------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------|--------------|
| <i>Subjects</i>                            | <i>Grade</i> | <i>Subjects</i>                                                                                     | <i>Grade</i> | <i>Subjects</i>                                                                                       | <i>Grade</i> |
|                                            |              |                                                                                                     |              |                                                                                                       |              |
|                                            |              |                                                                                                     |              |                                                                                                       |              |
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|                                            |              |                                                                                                     |              |                                                                                                       |              |
|                                            |              |                                                                                                     |              |                                                                                                       |              |

**Note:** Please attach copies of birth and educational certificates.

(b) **Other Qualifications relevant to the post applied for (attach documentary evidence)**

.....  
 .....

19. Type of Valid Driving Licence/s possessed – specify (please attach photocopy of the Licence/s) whether manual gear or not. ( If applicable)

.....  
 .....

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

.....  
 .....

21. (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) **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> |
|-------------|---------------|-------------|---------------|-------------|---------------|
| 2023/2024   |               | 2024/2025   |               | 2025/2026   |               |

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 ]