

MINISTRY OF HEALTH AND WELLNESS

**Application Form for the Post of Transport Services Facilitator (on shift)
[to be restyled Health Transport Services Facilitator (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 Year.....</i>		<i>Cambridge S.C 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):**

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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.

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(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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Date:.....

Signature of Applicant

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

(i) Statement of sick leave taken and unauthorised leave:

Year	Sick Leave Taken	Leave without pay	Unauthorised absences
2023			
2024			
2025			
2026 as at date			

(ii) Report on applicant:

Work: Conduct: Attendance:

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

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Date:.....

Signature

[Stamp of Ministry]

Name (in full):

Post Held:

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:**

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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:**

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- (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*]