Social Protection Project Welfare Benefits Board

Ministry of Finance, Planning and Economic Development Individual Consultant to Strengthen Communication Strategies for Welfare Benefits Board - Application Form

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PO	ST APPLIED	•												
1.	Name in Ful	1:												
2	Name with I	nitiole												
2.	Permanent A													
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4.	. Tel: Fax:													
	Mobile		ı	E-mail:										
5.	National Ide	ntify Card No):		†									
6.	Date of Birth	1:												
	Year: Month: Day:													
7.	Age as at closing date of Applications:													
	Years: Months: Days:													
8.	Civil Status													
9.	Citizenship:													
10.	10 Higher Educational Qualifications [First Degree and Postgraduate Degree (s)](Copies of Certificates attached to this application)													
	University/ Institution	Degree	Clas			Special or General Degree	1	Iain ubjec	ct/Su	bject	Fron	n-To		Effective date of Degree

11.	Professional Qualificati this application)	ons/Charted Corporate N	Memberships etc. (Copies	of Certificates attached to					
	University/Institution	Examination passed	Specialization	Year of Passing					
12.	Certificates (if any) (Co	pies of Certificates attach	ed to this application)						
	Course/Certificate	Field	Name of the Institution/University	Year					
13	Any other Academic Di	stinctions Scholarships	Medals Prizes etc (indi	cate the Institution					
10.	Any other Academic Distinctions Scholarships, Medals, Prizes, etc. (indicate the Institution from which such awards have been obtained) and research and publications, if any (Copies of								
	Certificates attached to t	шѕ аррисаноп)							

14.	14 Current assignment in hand																	
						Brief		Time Period										
	Assignmer	nt De	signation	Institut	ion	Description of Duties	1	rom m/yyyy)	(dd/	To mm/yyyy)								
15.	. Previous Ex	kperience	e (Starting	g with present	t positio	n and contin	ae in rever	rse order)										
	Post/	Iı	nstitution	Brie Descripti		Relevancy to the applied		Time Period										
	Designatio	n T	istitution	Dutie		position	F	rom m/yyyy)	To (dd/mm/yyyy)									
16.	Proficiency	in Lang	uages (Pl	ease Mark' 'ir	n the rele	evant cage)												
1		C							Written Spoken									
			V	Vritten	T		S	poken	1									
	Language	Very Good	Good	Vritten Satisfactory	Week	Very Good	Good	poken Satisfac	tory	Week								
		Very			Week				tory	Week								
		Very			Week				tory	Week								

17	Leadership/ Management experience:
18.	Similar Assignment Undertaken (If any documents available Please attached to this application)
19	Extra-Curricular activities:
20.	Special Skills:
21.	Creativity (including patents):
22.	Are you under any obligatory National Service (If yes, specify):
23.	If selected, what is the earliest date that you can assume duties:
24.	Names of two nonrelative referees (with addresses and contact numbers) to whom reference can be made:

25.	I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars furnished by me in this application are found to be false or incorrect before appointment, I am disqualified. If inaccuracy is discovered after selection, I will be dismissed the assignment without any compensation and liable to pay the remuneration gained to the Social Protection Project, Welfare Benefits Boiard. I am physically and mentally fit to work any part of the country and I assure that I have not been found convicted by a court or not found guilty by any internal disciplinary proceedings of any organization.
	Date:
	Note:
	If the sheets above are not sufficient, please use extra sheets, when & where necessary. Indicate the list of documents attached along with the application form.
	(a)
	(b)
	(c)