

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

POST APPLIED:

1.	Name in Full :						
2.	Name with Initials:						
3.	Permanent Address:						
4.	Tel :			Fax :			
	Mobile			E-mail :			
5.	National Identify Card No :						
6.	Date of Birth :						
	Year :	Month :	Day :				
7.	Age as at closing date of Applications:						
	Years :	Months :	Days :				
8.	Civil Status						
9.	Citizenship :						
10.	Higher Educational Qualifications [First Degree and Postgraduate Degree (s)](Copies of Certificates attached to this application)						
	University/ Institution	Degree	Class	Special or General Degree	Main Subject/Subjects	From-To	Effective date of Degree

11.	Professional Qualifications/Chartered Corporate Memberships etc. (Copies of Certificates attached to this application)			
	University/Institution	Examination passed	Specialization	Year of Passing
12.	Certificates (if any) (Copies of Certificates attached to this application)			
	Course/Certificate	Field	Name of the Institution/University	Year
13.	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 this application)			



17.	Leadership/ Management experience:
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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.	<p>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.</p> <p>Date: .....</p> <p style="text-align: right;">..... Signature</p>
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	<p>Note :</p>
	<p>If the sheets above are not sufficient, please use extra sheets, when &amp; where necessary. Indicate the list of documents attached along with the application form.</p> <p style="padding-left: 40px;">(a) .....</p> <p style="padding-left: 40px;">(b) .....</p> <p style="padding-left: 40px;">(c) .....</p>