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| **1.0 PERSONAL INFORMATION** |

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| **SURNAME** | **FIRST NAME** | **MIDDLE NAME** | **TITLE (Mr., Ms, Mrs., Dr., Prof etc).** |
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| **DATE OF BIRTH (dd/mm/yyyy)** | **AGE** | **GENDER** | **NATIONALITY** | **COUNTY OF BIRTH** | **ID/PP NO.** |
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| **TEL. /MOBILE NO.** | **POSTAL ADDRESS** | **EMAIL** | **MARITAL STATUS** |
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| **ARE YOU LIVING WITH DISABILITY?****(Yes/No)** | **IF YES STATE REGISTRATION NUMBER & DATE WITH NATIONAL COUNCIL FOR PERSONS WITH DISABILITY** | **NATURE OF DISABILITY** |
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| **2.0 ACADEMIC QUALIFICATIONS (STARTING WITH THE HIGHEST)** |

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| **S/No.** | **UNIVERSITY/****HIGH SCHOOL** | **YEAR** | **QUALIFICATION AWARDED (PhD, Masters, Bachelors, Post Graduate Diploma, Diploma, “A” Level, “O” Level)** | **AREA OF SPECIALIZATION** |
| **FROM** | **TO** |
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| **3.0 OTHER RELEVANT COURSES AND TRAINING LASTING NOT LESS THAN ONE (1) WEEK**  |

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| **S/No.** | **YEAR**  | **INSTITUTION/****COLLEGE** | **COURSE**  | **DURATION** |
| **FROM** | **TO** |
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| **4.0 MEMBERSHIP TO PROFESSIONAL BODIES** |

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| **S/No.** | **PROFESSIONAL BODY** | **TYPE OF MEMBERSHIP (Full, Associate, Honorary, Life, etc.)** | **MEMBERSHIP /REGISTRATION NUMBER**  | **VALID FROM** |
| **FROM** | **TO** |
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| **5.0 EMPLOYMENT HISTORY (STARTING WITH THE CURRENT OR MOST RECENT)** |

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| **S/No.** | **YEAR** | **EMPLOYERS NAME** | **POSITION/RANK/****DESIGNATION** |
| **FROM** | **TO** |
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| **Briefly state your current duties, responsibilities and assignments****…………………………………………………………………………………………………………..****…………………………………………………………………………………………………………..****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….** |

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| **Please give details of your abilities, skill and experiences which you consider relevant to the position you are applying for:****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….****………………………………………………………………………………………………………….** |

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| **Give names of three (3) referees:** |
| **S/No.** | **Name** | **Address** | **Phone and Email** | **Relationship/****Occupation** | **Years known** |
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| **Declaration:****Have you ever been convicted in a court of law?**No.Yes**If Yes, state the nature of offence, the year of conviction and duration of sentence****…………………………………………………………………………………………………….****…………………………………………………………………………………………………….****…………………………………………………………………………………………………….****Have you ever been dismissed or otherwise removed from employment**NoYes**If yes, state reasons for dismissal/removal****…………………………………………………………………………………………………….****…………………………………………………………………………………………………….****Date of dismissal/removal: …………………………………………………** |

**Declaration:**

**I certify that the particulars given on this form are correct and understand that any incorrect/misleading information may lead to disqualification and/or legal action.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**