

Social Protection Project
Welfare Benefits Board
Ministry of Finance, Economic Stabilization and National
Policies
Individual Consultant - 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)]						
	University/ Institution	Degree	Class	Special or General Degree	Main Subject/Subjects	From-To	Effective date of Degree

11.	Professional Qualifications/Chartered Corporate Memberships etc.			
	University/Institution	Examination passed	Specialization	Year of Passing
12.	Certificates (if any)			
	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			

14. Current assignment in hand									
	Assignment	Designation	Institution	Brief Description of Duties	Time Period				
					From (dd/mm/yyyy)	To (dd/mm/yyyy)			
15. Previous Experience (Starting with present position and continue in reverse order)									
	Post/ Designation	Institution	Brief Description of Duties	Relevancy to the applied position	Time Period				
					From (dd/mm/yyyy)	To (dd/mm/yyyy)			
16. Proficiency in Languages (Please Mark ' in the relevant cage)									
	Language	Written				Spoken			
		Very Good	Good	Satisfactory	Week	Very Good	Good	Satisfactory	Week
17. Leadership/ Management experience:									

18.	Extra-Curricular activities :
19.	Special Skills :
20.	Creativity (including patents) :
21.	Are you under any obligatory National Service (If yes, specify) :
22.	If selected, what is the earliest date that you can assume duties :
23.	Names of two nonrelative referees (with addresses and contact numbers) to whom reference can be made:
24.	<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: Signature</p>

	Note :
	<p>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.</p> <p>(a)</p> <p>(b)</p> <p>(c)</p>