

JOB APPLICATION FORM

Please complete this accurately, giving as many details as possible of your skills and experience relating to this job application. Short-listing will be based on the information gathered from the form, read in conjunction with the person specification.

Please print out and complete the form in black ink and in BLOCK CAPITALS.

Ensure the finished form is signed, dated and returned to TopMED Offices at **Hse. No. AT 141, Atobie-Kwahu**, Completed form may also be mailed electronically to topmedghana@gmail.com or topmed@royaltriangle.com.

You may also print out and send your application by post to **P.O. Box MP 300, Mpraeso**.

GUIDELINES

Applicants will be treated in the same way whether they are external or internal candidates. Internal candidates should advise their manager that they have applied for another position.

POSITION APPLIED FOR:

How did you get to know about this vacancy?

I. APPLICANT'S DETAILS

Title:	Surname:	First name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home address:

Postal Address:

Telephone Numbers:

Home:

Mobile:

email address (where possible):

Do you hold a current driving licence?

Yes/No (delete non-applicable)

Is there anything concerning your medical history or state of health that is relevant to your application?

Yes*/No (delete non-applicable)

**If you answer Yes please refer to the Equality of Opportunity Questionnaire enclosed*

Are there any restrictions regarding your employment?

Yes*/No (delete non-applicable)

**If you answer Yes please supply details on a separate sheet of paper*

How much notice do you need to give to your current employer?

2. EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibilities of your post. If you wish to expand on specific areas of responsibility, please do so in *Section 5: Experience /skills*.

1. Current/most recent employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

2. Employer/organisation

Name:		
Address:		
Job Title:	From:	To:
Brief description of duties:		
Reason for leaving/changing:		

3. EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

Name of school/college/university/training body	Subject studied	Qualification/Level	Date gained

4. TRAINING

Please list any training you have received or courses which did not lead to a qualification but which you feel are relevant to the advertised post.

Training Course	Date

5. SUMMARY OF YOUR EXPERIENCE / SKILLS IN THE JOB YOU ARE APPLYING FOR

6. REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for the successful candidate. Testimonials or references from friends and relatives are not acceptable.

I. Name:
Position:
Organisation:
Address:
Tel:

2. Name:
Position:
Organisation:
Address:
Tel:

7. CRIMINAL CONVICTIONS

Do you have any criminal convictions? Yes No (delete non-applicable)

If Yes please give details on a separate sheet.

8. DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.

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Signed Date

By returning this application form, you consent to TopMED using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment. This information will be used solely in the recruitment process.

Please return your completed form together with your CV and copies of your certificates to the recruitment team of **TopMED**.

For clarification, call 0204167583, 0208116419

Thank you for completing this form.