

# APPENDIX 3-B: STANDARD JOB APPLICATION FORM FOR SENIOR STAFF

Please affix a

copy of a recent  
Passport size  
photograph in  
this space

Application for the post of: \_\_\_\_\_

Full name of applicant: \_\_\_\_\_

Note: Please answer each question clearly and completely. Please type or write legibly. If you need more space, please attach additional pages of the same size as the application form.

Please return two copies of your completed Application form to reach the Association's office within the advised deadline.

## Part A.

- Using the following headings as a guide, please explain briefly (not more than 1,000 words), on separate sheets,  
your opinions about Sexual Reproductive Health and Rights (SRHR).  
(i) Generally (ii) In your country  
(iii) Sexual Reproductive Health as a component in economic & social development
- On a separate sheet, please explain in not more than 200 words why you consider yourself suitable for this appointment.
- On a separate sheet, please provide details of any publications you have written, or to which you have contributed
- On a separate sheet, please provide the details of any Honours, awards or scholarships etc, which have been won by you.

**Note: All separate sheets should have your name written or typed prominently at the top of the page.**

## Part B.

Please complete the following details. Where appropriate please tick or circle answers:

- Sex: Male/Female
- Age: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Place of Birth: \_\_\_\_\_
- Nationality (at birth): \_\_\_\_\_
- Marital Status: Single/Married/Separated/Widow(er)/Divorced
- Present Nationality: \_\_\_\_\_
- Permanent Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

9. Present Address:

\_\_\_\_\_  
 (if different from 8) \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 \_\_\_\_\_

10 Correspondence

\_\_\_\_\_  
 Address  
 (if different from \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 \_\_\_\_\_  
 above)

11 Please describe your general state of health? Do you suffer from any form of disability or longer term illness?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_(appointment will be subject to a thorough medical  
 examination)

12 Your duties may involve domestic and international travel (by air, road, rail and sea). Have you any family commitments or other limitations which might restrict your prospective field of work or ability to travel? If so, then please describe below the nature of your travel limitations.

\_\_\_\_\_  
 \_\_\_\_\_

13 Have you any dependents? YES NO

If the answer is "yes", then please provide the following information.

Name of dependent	Age	Relationship	Reason for dependency/State of Health

14 Knowledge of Languages: (E = Excellent, G = Good, F = Fair, P = Poor). Your mother tongue to be placed first.

Language	Read	Write	Speak	Understand

15 Education and professional qualifications: University or equivalent professional qualifications/vocational training  
 (please give the fullest possible details, including dates when qualifications achieved in chronological order).

Name & address of Institution	Years Attended		Qualification Obtained	Major Subjects
	From	To		

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16 Membership and participation in professional societies and in civic, public and voluntary services (list international organisations first).

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17. Employment Record: Starting with your present post, please list in reverse order your employment history. (Use continuation sheets if necessary).

Name and address Salary per of employer (currency)	Exact Title of Post	Period of Employment	Month

18. Have you any objections to inquiries being made to your present employer?

YES

NO

19. Do you have any relative(s) employed in the Association? If so, please provide name(s) and position(s).

Name of relative \_\_\_\_\_ Position \_\_\_\_\_

Name of relative \_\_\_\_\_ Position \_\_\_\_\_

20. Do you have any relative(s) who is involved as a volunteer, or who is an office bearer in the Association? If so, please provide their names and volunteer positions.

Name	Position	Name	Position

21. What are some of the ways in which you have worked in the past to ensure that professional boundaries are maintained so that children, young people or vulnerable adults were not put at risk? Were these boundaries ever challenged, what did you do, etc.?

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22. Tell us about a time when a colleague/friend had broken a rule, procedure or code of conduct, or you felt uncomfortable about the way someone was behaving towards a child, young person or vulnerable adult. What did you do, how did you handle it, were you satisfied with the outcome, how could it have been better resolved, etc?

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23. State any other relevant facts in support of your application, including information regarding any overseas residence, or travel and experience in family planning/population.

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24. Have you ever been convicted of any criminal offence?

YES

NO

If so, please give full particulars of each case on a separate sheet.

25. Referees. List three persons, not related to you, who are familiar with your qualifications, activities, work and character..

Referee No: 1

Referee No: 2

Full name: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Referee No:3

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_

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**I confirm that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge.**

Signature: \_\_\_\_\_

Dated \_\_\_\_\_

**Below this line for Association office use only.**

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Date application received: \_\_\_\_\_

Acknowledgment sent: \_\_\_\_\_

Shortlisted Y/N