

HEALTH PROFESSIONS COUNCILS OF NAMIBIA

APPLICATION FOR EMPLOYMENT

Please complete this form in detail in your own handwriting. All information will be regarded as strictly confidential. No answer on information given to this form will be used to directly or indirectly discriminate against you unfairly on any arbitrary ground.

A. EMPLOYMENT DESIRED

1. Nature of employment desired or post applied for:	2. If post has been advertised, reference:..... Advertised in:..... Date:.....
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B. PERSONAL PARTICULARS

1. Surname (also maiden name if applicable) (in block letters) _____	6. Particulars of spouse: Name: _____																				
2. First names (in block letters) _____	Date of birth: _____ Tel. No. (Work) _____																				
3. Namibia Identity Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
4. Date of Birth:.....																					
5. Citizenship:.....																					
7. Passport No.....	9. Residential Address:																				
8. Postal Address:																					
10. Telephone No: Home:..... Work:..... Cell No:.....																					
11. Have you ever been convicted of a criminal offence or been dismissed from employment?..... Is a criminal or any other case against you pending? If so, furnish particulars on separate sheet.																					

C. LANGUAGE PROFICIENCY

	English	State "good", "fair" in appropriate spaces				
		Other (specify)				
Speak						
Read						
Write						

D. EDUCATIONAL AND TRAINING

Nature of educational institute and centre	Certificates and/or diplomas obtained	ALL SUBJECTS. Underline major subjects. In the case of typing and shorthand, state languages and speed	Month and year obtained
School	State highest grade		
Universities, College and other institutions	State all qualifications		
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E. WORK HISTORY (Start with present employer)

Employer	Position held	Period From	Period To	Reason for leaving
.....
.....
.....

F. MEMBERSHIP OF PROFESSIONAL INSTITUTIONS (Specify)

Professional Institution	Reg. Cert. No.	Date	Receipt No.	Date

G. DECLARATION

I declare that the above particulars are complete and correct and I have not withheld any required information.
I accept that a false declaration will disqualify my application or may lead to discharge if discovered after my appointment.

.....

SIGNATURE

.....

DATE

Medical History**Health Professions Councils of Namibia****MEDICAL RECORD****PART A - To be completed by applicant**

Surname _____ First Names _____
 Date of birth _____

MEDICAL HISTORY

Have you ever suffered from any of the following?	Yes	No
	<i>Mark with an X</i>	
Tumors		
Heart or circulatory problems		
High blood pressure		
Lung problems		
Any affection of the urinary system and/or genital organs		
Mental illness, e.g. epilepsy, depression, etc.		
Muscular or joint problems		
Skin problems and/or allergies		
Diabetes		
Eye problems		
Ear problems		
Nose problems		
Teeth problems		
Any other problems		
If you answer "yes" on any of the questions above, please provide more details in the space below		

PREVIOUS OPERATIONS						
Date	Description			Complications		
DECLARATION BY APPLICANT						
The above information is to the best of my knowledge true, correct and complete.						
Date _____			Signature of applicant _____			
PART B- MEDICAL EXAMINATION <i>(To be completed by a registered medical practitioner)</i> <i>(To be completed ONLY if so instructed by Personnel Officer)</i>						
Name of doctor _____						
Address _____						

PHYSICAL EXAMINATION						
Height	Mass	Blood Pressure	Sight		Hearing	
			Left	Right	Left	Right
			Good	Fair	Poor	
Physical appearance						
Ear, Nose, Throat, Teeth & Mouth						
Cardiovascular system						
Respiratory system						
Gastro-intestinal system						
Genito urinary system						
Nervous system						
Musculo-skeletal system						

<u>Urine analysis</u>				
SG	Blood	Protein	Glucose	Ketones
<u>Additional notes/information</u>				
Date			Signature	