

For office use only

--

National Child Protection Authority

Application for the Post of Evidence Recording Assistant (MA 2.1)

1. Personal Details

Name in Full Rev./ Mr./Mrs./Miss			
Name with initials			
Date of Birth / Age	Date :	Month:	Year: Age:
Sex	Male:	Female :	
National Identity Card No /Passport No			
Civil Status	Married:	Single:	
Nationality			
Permanent Address			
Contact Numbers			
E-mail Address			

2. Education/Professional Qualifications

2.1 Degree Qualifications

	<i>Degree</i>	<i>Name of the University/ Institution</i>	<i>Class/Grade obtained</i>	<i>Date of Award</i>	<i>Effective date of degree</i>
1					
2					

2.2 Post Graduate Degree Qualifications

	<i>Degree</i>	<i>Name of the University/ Institution</i>	<i>Date of Award</i>	<i>Effective date of degree</i>
1				
2				
3				
4				

2.3 Professional Qualifications

(Chartered Qualifications / Memberships / Registrations / Post graduate Diploma /Advanced Diploma/ Diploma / National Vocational Qualification (NVQ)/ Certificate Qualifications / (Including Computer, Language etc.)

	<i>Qualification</i>	<i>Field</i>	<i>Name of Institution</i>	<i>Date of Award</i>	<i>Duration</i>
1					
2					
3					
4					

3. Working Experience

	<i>Employer/ Institution</i>	<i>Designation</i>	<i>From –To</i>	<i>Number of Years</i>	
				<i>years</i>	<i>Months</i>
1					
2					
3					
4					

4. Extra Curricular Activities

.....

.....

.....

.....

5. Other Achievements (Including Leadership, Managerial, Research, Project Involvements, Experience, Publications etc.)

.....

.....

.....

.....

.....

6. Any other particulars (Not included above)

.....

.....

.....

7. Two Non Related Referees

Name		Designation	Address	Contact Details (TP Number & Email)
1				
2				

8. I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

.....

Signature of Applicant

.....

Date

9. Recommendation of the Head of the Institution

(For the applicants who are already in the service of Government Departments/ State Corporations/ Statutory Boards)

I recommended and forwarded herewith the application of Mr/ Ms/ Mrsfor the above post and agree/ do not agree to release him/her in case selected to the post applied for.

.....

Date

.....

Head of the Institution (Official Stamp)