



APPLICATION FOR APPOINTMENT INTO THE MINISTRY OF HEALTH AND CHILD CARE -ZIMBABWE HEALTH SECTOR

To : The Executive Director  
Health Service Board  
WHO Offices  
Parirenyatwa Group of Hospitals

Registration No .....

Date.....

<b>A. PERSONAL DETAILS</b>	
<i>Please print or write clearly in your own handwriting</i>	
1.Surname	2.First Name(s):
3.Maiden Name	
4.Residential Address	
5.Contact Address	6.Religion
7. Contact Tel. No.	8. Mobile No.
9. Province/District of origin	10. E-mail address
11. National Registration No.	12. Date of Birth
13. Marital Status: Married/Single/Divorced (tick)	14. Sex. Male / Female (tick)
15. Nationality at Birth: Place/Town & Country of birth	
16. Present Citizenship	
17. Date of acceptance for Permanent residence into Zimbabwe	
18. Residence permit number	19. Date of entry into Zimbabwe
20. Language (s) spoken fluently	
21. Spouse/Next of kin	
22. Spouse/Next of kin's contact address and contact number	
23.Father's Business Address	24.Father's Residential Address
25.Mother's Maiden Name	
26.Mother's Contact Address	27.Mother's Contact Number

**B. EDUCATIONAL/PROFESSIONAL QUALIFICATIONS (ATTACH CERTIFIED COPIES OF CERTIFICATES)**

Secondary Education (attach certified copies of certificates)			
Public Examinations written	No. of subjects passed	Points obtained	Date obtained
GCE O' Level			
GCE A' Level			
3. Post-Secondary School Education (if applicable) (attach certified copies of certificates)			
University/College attended	Qualifications Obtained	Grade of pass	Date obtained

**C. EMPLOYMENT HISTORY**

Previous employer's Name and address	Nature of employment	From	To	Reasons for leaving
1.				
2.				
3.				
4.				

Present Employer 's and Address	Position	Current Gross Monthly Salary	Nature of Employment

Have you ever been employed by the government of Zimbabwe?	yes	no	If yes, give details of post, E.C. Number and Station
Have you ever been convicted of any criminal offence in Zimbabwe?	yes	no	If yes, give details-

**D. REFEREES**

Give names and addresses of three professional referees.

Referee	Name	Telephone Number	Mobile Number	E-mail address.
1.				
2.				
3.				

**E. DECLARATION**

I certify that the information given is a correct record and that, should I be offered employment, I agree to abide by the terms and conditions laid down by the Health Service Board. Should any information prove to be false, I understand that my contract of employment with the government of Zimbabwe may be annulled and that appointment into the Health Service is dependent on satisfactory Medical Examination and Security Vetting.

Signature of Applicant..... Date.....

Should your circumstances change, please notify changes to enable adjustment of records accordingly.

**F. For Official use only.**

Name of Registering Officer ..... Signature ..... Date .....