**REPUBLIC OF MAURITIUS**

**MINISTRY OF HEALTH AND WELLNESS**

**APPLICATION FORM**

**Employment as Doctors at Specialist/Senior Specialist level in the field of Radiology and Anaesthesia**

1. **POSITION APPLIED FOR (indicating the field of Speciality)**

………………………………………………………………………………………………………………………..

2. **PERSONAL DETAILS:**

|  |
| --- |
| Surname: …….…………………………………………………………………………………………………*(in block letters)*Name: …………………………………………………………………………………………………………….Dr/Mr/Mrs/Miss:……………………………………………………………………………………………Address:………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….Date of Birth:…………………………………………………………………………………………………..Post code:……………………………………………………………………………………………………….**Telephone Number**Home: ……………………….. Mobile: ………………………… Office: ………………………..Email address: ………………………………………………………………………………………………. |

3. **EDUCATIONAL QUALIFICATIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Type of school (i.e Grammar/Secondary)** | **Examinations taken and Qualification Gained (Specify Grades)** |

4. **FURTHER/HIGHER QUALIFICATIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Name of institution (state if full-or-Part Time)** | **Subjects taken and qualifications gained (Specify grades or Degree Class Obtained)** |

5. **MEMBERSHIP OR PROFESSIONAL ORGANISATIONS:**

|  |  |  |
| --- | --- | --- |
| **Date joined** | **Institute/organisation** | **Grade of Membership (where appropriate)** |

6. **EXPERIENCE/EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer)

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer and Nature of Business**:** | From:To: | Job title:Job Function/Responsibilities: | Final salary and reason leaving (if applicable) |

7. **VERIFICATION OF INFORMATION**

I, certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

|  |  |
| --- | --- |
| Signature:……………………………………………….. | Date:……………………………………………… |