**MINISTRY OF GENDER EQUALITY AND FAMILY WELFARE**

**POST OF CHILD CARE WORKER**

**APPLICATION FORM**

**PART A ( To be filled by Applicant)**

1. Post Applied for………………………………………………………………………………………………………………………

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1. National Identity Card No.

Title Mr Mrs Miss Ms

Marital Status: Married Single Other:…………………………….

Surname :……………………………………………………………………………………………………………………………

*(in block letters)*

Other Names :……………………………………………………………………………………………………………………….

*(in block letters)*

Maiden Name *(if applicable)* :………………………………………………………………………………………………………….

**3. Residential Address** :……………………………………………………………………………………………………………….

*(in block letters)*

Phone No : Office................................ Home........................ Mobile............................ Email address :.............................................

Date of Birth Age Place of Birth..................................................................................................

Nationality.......................................Certificate No. *(If Naturalised)*.................................................& Date.........................................

**4. SECONDARY ORDINARY LEVEL**

State whether Cambridge S. C. or Cambridge G.C.E. or London General Certificate of Education (Ordinary Level)

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Month/Year Exam. Centre No. Index No.

Subject Grade

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Month/Year Exam. Centre No. Index No.

Subject Grade

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**5. SECONDARY ADVANCED LEVEL**

State whether Cambridge H. S. C. or Cambridge G.C.E. or London General Certificate of Education (A Level)

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Month/Year Exam. Centre No. Index No. Month/Year Exam. Centre No. Index No.

Subject Level Grade Subject Level Grade

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Level — Principal, Subsidiary, Advanced Subsidiary Level — Principal, Subsidiary, Advanced Subsidiary Result................................... Result...................................

1. **Other Secondary Qualifications** (*e.g. Baccalaureat, Matriculation, Secondary & Higher Secondary Certificates from Overseas).* **Note :** Attach photocopies of marksheets/result slips and equivalence of certificates *(if available)*

Examining Body...............................................................................................................................

Country.......................................................................................................................Year................

Certificate..........................................................................................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject | Grade |  | Marks | Percentage |
| .........................................................................................  ........................................................................................  .........................................................................................  ........................................................................................  ........................................................................................  ........................................................................................  .........................................................................................  ........................................................................................  .........................................................................................  ........................................................................................  ........................................................................................  ........................................................................................ | ..............  ..............  ..............  ..............  ..............  ..............  ..............  ..............  ..............  ..............  ..............  .............. | .................  .................  .................  .................  .................  .................  .................  .................  .................  .................  .................  ................. | .......................  .......................  .......................  .......................  .......................  ......................  .......................  .......................  .......................  .......................  .......................  ....................... |

Result...................................... TOTAL..................

1. **TECHNICAL AND VOCATIONAL QUALIFICATIONS** (*e.g. Typing and shorthand, B.A.P., Technician Certificate, I.V.T.B. Certificate (NTC), ICT, etc.)*

Name of University/Examining Body.............................................................................................. Country........................................

Duration of course/study : From.........................To..................... Part Time Full Time Distance Education

Specify (i) exact qualifications obtained................................................................................. Class/Division/Level..........................

(ii) Date of result :.........................................................

**Subjects** (State whether main/subsidiary/major etc where applicable)

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| --- | --- |
| ................................................................................................. | ...................................................................................................... |
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8. **Diploma Qualifications** (below degree level)

Name of University/Examining Body …………………………………………………….. Country …………………………………

Specify exact qualifications obtained …………………………………………………. Class/Division/Level ……………………

Duration of course/study: From …………………………………………… To ……………………………………………………..

**Subjects**

|  |  |
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| ………………………………………………………………… | ………………………………………………………………… |
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9. **Degree/Professional Qualifications**

Name of University/Examining Body …………………………………………………….. Country …………………………………

Specify exact qualifications obtained ………………………………………………. Class/Division/Level…………………………

Duration of course/study: from …………………………………….. to ………………………………………….

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| --- | --- |
| Main Subjects | Subsidiary Subjects |
| ………………………………………………………………… | ………………………………………………………………… |
| ………………………………………………………………… | ………………………………………………………………… |
| ………………………………………………………………… | ………………………………………………………………… |

10. **Post Degree/Qualifications**

Name of University/Examining Body ………………………..……………………. Country ……………………………………..

Specify exact qualifications obtained …………………………………………… Class/Division/Level ……………..

Duration of course/study: From………………………………. To …………………………………….

|  |  |
| --- | --- |
| Main Subjects | Subsidiary Subjects |
| ………………………………………………………………… | ………………………………………………………………… |
| ………………………………………………………………… | ………………………………………………………………… |
| ………………………………………………………………… | ………………………………………………………………… |

11. **Other Qualifications** *(e.g. Driving License (Specify type), First Aid, IT etc. Specify date)*

**12. Experience and skills relevant to the post applied for***(Attach documentary evidence)*

**13. EMPLOYMENT HISTORY**

**13.1** (i) Present Employment

|  |  |  |
| --- | --- | --- |
| *Post held* | *Temporary/Substantive* | *Min./Dept./Organisation* |
| ......................................................... | .............................................................. | .............................................................. |
| *Date of Present Appointment* | *Date of Confirmation* | *Present Salary per month*  *Rs*  .............................................................. |

(ii) Previous Employment (including Government Service and Parastatal)

*Post held Temporary/Substantive Min./Dept. Date of Appointment*

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***(a)* Have you been the subject of an investigation/enquiry for any offence during the last 10 years?**

Answer Yes or No.................... If Yes, indicate nature of offence and date of outcome.

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***(b)* Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?**

Answer Yes or No....................If yes, give details (court, charge, date of judgment and sentence - e.g. imprisonment, fine, caution or conditional discharge) :—

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**Have you ever resigned or retired or been dismissed from the Public Service or Parastatal Body on any grounds whatsoever?**

Answer Yes or No.................... If yes, give details :—

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**DECLARATION**

I,.............................................................................., the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

Date ......................................... *Signature*...............................................................

**PART B (To be filled by the Human Resource Section of Ministry/Department for Applicants in the Government Service only)**

1. Has applicant been subject to disciplinary action during the last ten years? Yes/No.

If in the affirmative, please give details.

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1. Statement of sick leave and unauthorized absences without pay taken by Applicant.

**Record of sick leave** **Record of unauthorized absence**

2021: ……………………………. 2021: ……………………………….

2022: ……………………………. 2022: ……………………………….

2023: ……………………………. 2023: ……………………………….

2024 (to date): …………………. 2024 (to date): ……………………...

1. **Report on Applicant**

Conduct: …………………………………………………………………………………………………………

Work: …………………………………………………………………………………………………………

Attendance: …………………………………………………………………………………………………………

1. I certify that the particulars given in Part A and B (1) – (3) have been verified and found correct, except for:

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………

Stamp of Ministry/Department

Name (in full): ……………………………………………………………………

Post Held: ……………………………………………………………………

Contact No: ……………………………………………………………………

Date: ……………………………………………………………………