



MINISTRY OF HEALTH & MEDICAL SERVICES

Application Form for MEDICAL OFFICERS

1. Vacancy Details

Please insert the details of the vacancy you are applying for. If you are applying for more than one position you will need a separate application for each position you are applying for.

Vacancy No.		Vacancy Title	
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Indicate preference if applying for a similar job at different health facilities (where applicable)

Preference	Name of Health Facility / Unit / Department
1.	
2.	
3.	

2. Personal Details **NB. Applicant has to be a Fiji Citizen.**

First Name:		Last Name:	
Date of Birth:	Gender (Circle): Male Female For statistical purposes only		
Email Address:	Phone contact:		
Current Residential Address:	Current Postal Address:		

3. Minimum Eligibility Requirements

Please answer the following questions in relation to your eligibility for employment in the position you have applied for. Please note that if you cannot answer yes to all questions below, you are not eligible for appointment.

Eligibility Requirement	Select Circle Relevant Response	
1. Are you willing to obtain a Police Clearance at your own expense, upon appointment (clearance must be dated within 2 months of appointment)?	Yes	No
2. Do you currently hold a valid registration / license?	Yes	No

4. Qualifications

Please outline your qualifications, from the most recent, in the table below.

Institution Name	Name of Qualification	Year Completed



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5. Professional Referees

You are required to nominate two referees in relation to your application. Referees **MUST** be able to provide detailed comments in regard to your ‘professional’ performance.

Referee 1		Referee 2	
Title		Title	
First Name		First Name	
Last Name		Last Name	
Email Address		Email Address	
Phone Number		Phone Number	
How do you know this referee		How do you know this referee	

6. Statement Addressing the Selection Criteria (SC)

SC 1	
SC 2	
SC 3	



SC 4	
SC 5	
SC 6	

7. Declaration and Authorisation

I _____ (full name: first names and surname) of _____ (full residential address) being an applicant for the position of _____ (position title & vacancy reference) in the 'Ministry of Health & Medical Services' declare that:

I have not been convicted of any criminal offences (for these purposes do not count any infringement offences, e.g. parking or speeding offences, as they do not result in a conviction being entered against you).

I acknowledge that if I am successful I will have to provide a recent police clearance within two months of my appointment.

I have not been the subject of any disciplinary action by any employer or professional body in Fiji or overseas, nor are there any unresolved complaints against me.

OR

Details of disciplinary action or unresolved complaints against me are as follows:



I have not been made bankrupt, entered into a composition with my creditors, or been disqualified as a debtor.

I know of no other matter which might affect my credibility in office.

I understand my consent to my application, my curriculum vitae and any other material supplied being held by the 'Employer' are being used to assess whether I may be employed in the Ministry.

I authorise the 'Ministry' to make suitable enquiries to verify the information supplied above.

I understand that a false declaration on this form will invalidate my application and may result in further legal action being taken against me.

Signed: _____ Date: _____