



MINISTRY OF HEALTH & MEDICAL SERVICES

APPLICATION FORM FOR ALL VACANCIES (EXCLUDING 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 (*wherever applicable*)

Preference	Name of Health Facility/Unit/Department
1	
2	

2. Personal Details

First Name:		Last Name:	
Date of Birth: / /	Gender (<i>circle</i>): Male Female		
Note: applicants must be below 60 years of age	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 under 60 years of age? (only applicants below 60 years of age are eligible for appointment)	Yes No
2. Are you willing to obtain a Police Clearance at your own expense, upon appointment (clearances must be dated within 2 months of appointment)?	Yes No
3. Are you in good health and able to undertake the requirements of the position? (A medical certificate may be required, at your own expense, upon appointment)	Yes No



4. Are you a Fijian citizen? (note: only Fijian citizens are eligible for appointment)	Yes	No
5. <u>For clinical/ technical positions requiring registration and licensing only:</u> 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

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 One		Referee Two	
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 Knowledge, Experience, Skills and Abilities of Role

Statement Addressing Knowledge and Experience Requirements

Please provide a statement outlining how you meet the knowledge and experience requirements of this position as stated in the job description. Your statement should be no more than one typed page.

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Statement Addressing Skills and Abilities Requirements

Please provide a statement outlining how you meet the skills and abilities requirements of this position as stated in the job description. Your statement should be no more than one typed page.

7. Declaration and Authorisation

I (full name: first name/s 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 director.

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

I understand and consent to my application form, my curriculum vitae and any other material supplied being held by the "Employer" and 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: / /