

MAURITIUS INSTITUTE OF TRAINING AND DEVELOPMENT

Head Office

APPLICATION FORM FOR ENLISTMENT OF SERVICES AS PART TIME RESOURCE PERSON

1.	FIELDS]	LEVELS		DATE OF ADVERTISEMENT						
2.	SURNAME (in block letters)					DEN NAME oplicable)		SINGLE OR MARRIED			
	OTHER NAMES (in block letters)				MALE OR FEMALE						
	NATIONAL ID:					· · · · · · · · · · · · · · · · · · ·					
3.	FULL RESIDENTIAL ADDRESS (in block letters)						TELEPHONE NO: Home: Mobile:				
						Office:					
4.	DATE OF	BIRTH	AGE	P		ACE OF BIRTH	E OF BIRTH NAT		FIONALITY		
5.	SECOND	ARY INSTITUT	IONS ATTEND	ED:							
6.	DETAILED RESULTS OF CAMBRIDGE SCHOOL CERTIFICATE							JLTS OF LON F EDUCATIO			
	YEAR	R EXAMINATION CENTRE		INDEX		YEAR	MINATION CENTRE		INDEX		
		No		No					No		
	SUBJECT			GF	RADE			GG		ADE	
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SC:			AGGREGATE:								

7.	DETAILED RESULTS OF HIGHER SCHOOL CERTIFICATE						DETAILED RESULTS OF LONDON GENERAL CERTIFICATE OF EDUCATION (A LEVEL)						
	YEAR	YEAR EXAMINATION CENTRE			INDEX		YEAR EXAMINATION CENTRE INDE					NDEX	
	No			No		No				No			
		SUBJECT PASSED				JAN OR JUNE							
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9.	ANY ADVEI	PROFESION RTISEMENT.	-	LIFICAT to what e			XPERIE h qualific				OWN IN	THE	
				(Please a	ttach sta	atement if r	necessary)					
10.	STATE	LANGUAGE	ES SPOKEN										
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11.	EMPLOYMENT/APPOINTMENT								
(a)	PRESENT EMPLOYMENT	ORGANISATION ADDRESS/TEL NO.	DATE OF PRESENT EMPLOYMENT/APPT.	PRESENT SALARY					
			 	SALARY SCALE					
(b)	PREVIOUS EMPLOYMENT/ APPOINTMENT	ORGANISATION	NATURE OF WORK	FROM TO					
12.	Kindly indicate your preferred time to dispense training: Week days (i) 08.00 hrs to 16.00 hrs (ii) After 16.00 hrs Saturdays (i) 09.00 hrs to noon (ii) 13.00 hrs to 15.00 hrs (iii) Whole Day								
13.	Have you ever been convicted o	f any criminal offence? Yes	s/No.						
14.	. Have you ever resigned or been dismissed or discharged from the service of any employer? Yes/No.								
	If the answer to item(s) 12 and/or 13 is yes, please give details in an attached statement.								
15.	REFERENCES: LIST TWO PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE, WHO ARE FAMILIAR WITH YOUR CHARACTER AND QUALIFICATIONS.								
(a)	NAME:	(b)	NAME:						
	PROFESSION:		PROFESSION:						
	ADDRESS:		ADDRESS:						
	TEL. (Office):	Iobile:	TEL. (Office): M	Mobile:					
	EMAIL :		EMAIL :						
(One of	the two persons to be a former Ro	ector/Educator/Trainer/Lectur	er etc.)						
<u>NB</u> .	PLEASE READ THE ADVERTISEMENT CAREFULLY: Incomplete, inadequate or inaccurate filling of the form may cause your elimination from consideration. It is an offence to give false information or to conceal any information on this form. Please attach photocopies of birth certificate, academic and professional qualifications, testimonial from previous employers and any other relevant papers. ORIGINALS TO BE PRODUCED WHEN REQUESTED. I declare that the particulars in this application and in the sheets attached thereto, are true to the best of my knowledge and belief and that I have not willfully suppressed any material fact.								
Date:			Signature of Applicant						