

THE NATIONAL WOMEN ENTREPRENEUR COUNCIL

Application Form

1. Post Applied for
 Date of Advertisement

2. **National Identity No.**

Marital Status:
(Other (please specify) _____)

Title Mr Mrs Miss Ms

Surname

(in block letters)

Other Names

(in block letters)

Maiden Name (if applicable)

3. **Residential Address**
(in block letters)

Phone No: Office Home Mobile

Date of Birth Age Place of Birth

Nationality Certificate No. *(if naturalised)* & Date

QUALIFICATIONS

4. **SECONDARY ORDINARY LEVEL**
 State whether Cambridge S.C or Cambridge G.C.E

 Month/Year Exam Centre No. Index No.

| Subject | Grade |
|---------|-------|
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4.1 **London General Certificate of Education (Ordinary Level)**

 Month/Year Exam Centre No. Index No.

| Subject | Grade |
|---------|-------|
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Result Aggregate

Result Aggregate

5. SECONDARY ADVANCED LEVEL

State whether Cambridge H. S.C or Cambridge G.C.E

Month/Year Exam Centre No. Index No.

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| Principal Subject | Grade |
|-------------------|-------|
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| Subsidiary Subject | Grade |
|--------------------|-------|
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| | |
| General Paper..... | |

Result

5.1 London General Certificate of Education (A Level)

Month/Year Exam Centre No. Index No.

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| Advanced Level | Grade |
|----------------|-------|
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| Subsidiary Level | Grade |
|------------------|-------|
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Result

6. Diploma Qualifications (Below Degree level) (Attach photocopies of marksheets)

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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7. DEGREE/PROFESSIONAL QUALIFICATIONS (Attach photocopies of marksheets)

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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11.1 **OTHER THAN COUNCIL'S SERVICE (INCLUDING PARASTATALS)**

| Posts | Date | | Name and address of employer |
|-------|-------|-------|------------------------------|
| | From | To | |
| | | | |
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| | | | |

12. (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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13. Have you ever resigned or retired or been dismissed from the Public Service on any grounds whatsoever?

Answer **Yes** or **No** If yes, give details:

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14. **IMPORTANT** – Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his/her appointment.

DECLARATION

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

Date:

Signature: