NATIONAL WOMEN ENTREPRENEUR COUNCIL

Application Form

Post Applied for Date of Advertisement							
2. National Identity No.			larital Status: Other (please sp	ecify)			
Title Mr M	rs 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 Substituting Place of B							
QUALIFICATIONS							
4. SECONDARY ORDINARY LEVEL State whether Cambridge S.C or Cambridge G.C.E 4.1 London General Certificate of Educatio (Ordinary Level)							
Month/Year Exam Centre No	. Index No.	Month/Year Ex	am Centre No.	Index No.			
Subject	Grade	Subjec	t	Grade			
Result Aggrega	ite	Result	Aggregate				

5.	State whether Cambridge H. S.C or Ca		5.1 London General Certificate of Education (A Level)					
	Month/Year Exam Centre No.	 Index No.	Month/Year Exam Centre No.	Index No.				
	Principal Subject	Grade	Advanced Level	Grade				
	Subsidiary Subject	Grade	Subsidiary Level	Grade				
	General Paper							
	Result		Result					
6.	Diploma Qualifications (Below Degre	ee level) (Attacl	h 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							
	(ii) Date of result:							
	Subjects (state whether main/subsid	liary/major et	c where applicable)					

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				
	Subjects (state whether main/subsidiary/major etc	where applicable)			
8.	POST DEGREE QUALIFICATIONS (Attach photocomes) Name of University/Examining Body				
	Duration of course/study: From To	Part Time Full Time Distance Education			
	Specify (i) exact qualifications obtained (ii) Date of result:	Class/Division/Level			
	Subjects (state whether main/subsidiary/major etc	where applicable)			
9.	SPECIAL QUALIFICATIONS Where special qualifications are laid down for the posyou possess them.	st for which you are applying, state here to what extent			
10.	Experience and skills relevant to the post applied	for (Attach documentary evidence)			

11. (i)	IN 7	PLOYMENT THE COUNC Present empl Post held	IL'S SERVI	CE		Tempora	ary/Substa	antive			
		Date of Pre	sent Appoin	tment	Dat	te of Conf	irmation in	n the Ser	/ice	Present Salary per mon	th
					l L					Rs	
		(Date e.g 01		Year) 1990							
((ii)	Previous e	employment								
			Post held				Temp	orary/Sub	stantive	9	
11.1	0	THER THAN	COUNCIL'	S SERV	ICE (INC	LUDING I	PARASTA	ATALS)			
		Posts			Dat <i>From</i>	te To		Name a	and add	ress of employer	
				•••							
				•••							
	•••						•••				
12.	(a)) Have you	been the su	ubject of	an inve	stigation	enquiry 1	for any of	ffence o	during the last 10 years?	?
		-	es or No	-							
		7					0 0. 0				
	(b)		ever been pring the last			re a court	of law fo	or any off	ence A	ND subsequently found	
			es or No ent, fine, ca					rge, date o	of judgn	nent and sentence – e.g	

13.	Have you ever resigned or retired or been dismissed from the Pub	lic Service on any grounds whatsoever?
	Answer Yes or No If yes, give details:	
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 may lead to an application being rejected or, if a candidate has already his/her appointment.	to conceal any relevant information. This
	DECLARATION	
	DECLARATION	
	1,, the undersigned this application are true and accurate and that I have not willfully s	· ·
	Date:	Signature: