## Applicant’ Form 1

## CONFIDENTIAL

# PLANNED PARENTHOOD FEDERATION OF NIGERIA

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| **POST APPLIED:**  |
| **FULL NAME (SURNAME FIRST):**  |
| **ADDRESS:** |
| **PLACE OF BIRTH:**  |
| **NATIONALITY:**  |
| **DATE OF BIRTH:**  |
| **MARITAL STATUS:**  |
| **NO. OF CHILDREN:**  |
| **NAME(S) OF CHILDREN:** | **AGE:** |
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| **SCHOOLS ATTENDED:** | **YEAR** |
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| **QUALIFICATIONS:** |  |
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| **PROFESSIONAL COURSES:** |  |
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| **WORK EXPERIENCE/EMPLOYMENT HISTORY** |
| **Current Employment:**  |
| **Employer** | **Post** | **Period** | **Current Gross Salary Per Annum** |
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| **SUPERVISING OFFICER:**  |
| **CURRENT RESPONSIBILITY:** |  |
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| **PREVIOUS EMPLOYMENT:** |
| **Employer** | **Post** | **Period** | **Salary** |
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| **FOR THE POSITION APPLIED, INDICATE SALARY REQUIRED:**  |
| **OTHER BENEFITS:**  |
| **DO YOU HAVE ANY OUTSTANDING LOAN WITH YOUR PRESENT EMPLOYER OR PREVIOUS EMPLOYERS?** **IF YES, HOW MUCH:**  |
| **FOR WHAT PURPOSE WAS THE LOAN OBTAINED?**  |
| **HOW MUCH HAVE YOU REPAID:**  |
| **BALANCE OF LOAN STILL OUTSTANDING:** |
| **REPAYMENT: MONTHLY/ANNUALLY AT:**  |
| **HOW DO YOU INTEND TO LIQUIDATE THE LOAN?**  |
| **PLEASE CONFIRM THE STATUS OF YOUR HEALTH INSURANCE POLICY:**  |
| **Name of Health Maintenance Organization (HMO)** | **Hospital** | **Name of Doctor/Address** |
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| **NOTICE: HOW MANY MONTHS NOTICE DOES YOUR CURRENT EMPLOYER REQUIRE?**  |
| **HAVE YOU ATTENDED ANY COURSE OR SEMINAR ON REPRODUCTIVE HEALTH/FAMILY PLANNING, HIV/AIDS, MCH? IF YES PLEASE LIST.** |
| **LIST ANY PUBLICATION YOU HAVE AUTHORED OR CO-AUTHORED:** |
| **THIS STATEMENT ENCAPSULATES THE IDEALS OF PLANNED PARENTHOOD:****“We work towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations”.** **I AGREE I DO NOT AGREE** **YES** |
| **BRIEFLY DESCRIBE YOUR UNDERSTANDING OF SAFEGUARDING AND PROTECTION OF CHILDREN AND VULNERABLE ADULTS FROM HARM AND ABUSE:** |
| **REFEREES: (PLEASE GIVE THE NAME, ADDRESSES, PHONE NUMBER AND EMAIL OF YOUR REFEREES):** |
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| **LANGUAGES:**  | **SPOKEN** | **WRITTEN** |
| **Excellent** | **Good** | **Fair** | **Excellent** | **Good** | **Fair** |
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| **ANY OTHER INFORMATION:** |
| **HOBBIES:**  |
| **DECLARATION:****I, Chief/Dr./Mr./Mrs./Miss: OLADEJI KAMORUDEEN AFOLABI \_\_\_\_\_\_\_\_\_\_\_\_\_** **HEREBY SOLEMNLY DECLARE THAT THE INFORMATION GIVEN IN THIS FORM TO THE PLANNED PARENTHOOD FEDERATION OF NIGERIA ARE CORRECT. I ALSO ACCEPT THE FACT THAT DISCIPLINARY ACTION MAY BE TAKEN AGAINST ME IF ANY OF THE INFORMATION PROVIDED IS FOUND TO BE INCORRECT AND THAT I SHALL TAKE NO LEGAL ACTION AGAINST THE PLANNED PARENTHOOD FEDERATION OF NIGERIA FOR ITS ACTION.**  **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_**  |