## 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** | | | |
|  | | | | | |  | | | | |  | | |  | | | |
| **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** | | | | | | | | | | | | | | | | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **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: \_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |