

APPLICATION FORM FOR TOUR OF SERVICE TO AGALEGA

PART I

1. **FULL NAME:**.....
2. **STATUS:** Mr/Mrs/Miss (Single/Married)*
3. **DATE OF BIRTH:**.....**NIC No:**.....
4. **RESIDENTIAL ADDRESS:**.....
.....
5. **CONTACT DETAILS:** Phone (Res) :..... **Mob:**.....**Email:**.....
6. **PRESENT POSTING:**.....
7. **GRADE:** (please specify): **Temporary/Substantive**
8. **DATE OF PRESENT APPOINTMENT:** (excluding training period):
9. **WHETHER PRESENTLY TEACHING GENERAL PURPOSE/KREOL MORISIEN/ NON-CORE SUBJECT/ICT**
(please specify):
.....
10. **ANY OTHER ADDITIONAL RELEVANT QUALIFICATIONS:**.....
.....
11. **WHETHER ALREADY SERVED A TOUR OF SERVICE TO AGALEGA:**
(Please specify period/No. of Tours)
12. **EXPERIENCE OF SOCIAL WORK (if any):**.....
.....
.....
13. **(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.
.....
.....
(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) :—
.....
.....
14. **Whether following medical treatment in connection with any illness: Yes/No**
If yes, please attach your medical certificate.
15. **IMPORTANT – PLEASE READ THE ADVERTISEMENT CAREFULLY**
Incomplete, inadequate or inaccurate filling of the form may cause the elimination of the applicant. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or tour of service terminated if officer has already been posted to Agalega.

DECLARATION

I,, the undersigned applicant, declare that the particulars in this application are true and accurate to the best of my knowledge and belief and that I have not wilfully suppressed any material facts.

.....
Date
(*delete as appropriate)

.....
Signature of Applicant

PART II

To be filled by Headmaster/Head of School

Adhoc Report on

1. Work:
2. Conduct:
3. Attendance:
4. Attitude to work:.....
5. Interpersonal skills (Including relationship with other colleagues and clientele of the school):
.....
.....
6. Whether officer has taken/takes part in extra curricular activities: Answer Yes/No.....
If yes, please specify
7. Willingness to accept and assume responsibility:
.....
.....

.....
Signature of Headmaster/Head of School

*Please delete whatever is not applicable

Name (In full):

Designation:

Office Phone No.

Date:

Seal of School

PART III

To be filled by Manager, HR (Education Zone):

(a) Record of Sick Leave:

2020: days 2021: days 2022: days 2023: days (to date)

(b) Has officer been subject to any disciplinary action: Answer Yes or No:

If yes, please give details

.....
.....
.....

(c) I certify that particulars under Parts I and III have been verified and found correct.

Signature:

Name:
(In full)

Designation:

Date:

Seal of Human
Resource Section

