

**MINISTRY OF EDUCATION AND HUMAN RESOURCES,
TERTIARY EDUCATION AND SCIENTIFIC RESEARCH**

Post of Speech Therapist & Audiologist / Occupational Therapist on a Sessional Basis
Application Form

1. Surname:
(in Block letters)

Other Names:
(in Block letters)

Maiden Name (if applicable):

Title: Mr/Mrs/Miss (Delete as appropriate) E-mail address:

2. Date of Birth: Age: NIC No.:

3. Full Address:
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Tel. No. (Home): Mobile: Office:

4. Qualifications:

(a) Higher School Certificate 'A' Level Jan/June

	<u>Principal Level</u>	<u>Grade</u>		<u>Principal Level</u>	<u>Grade</u>
(i)	(i)
(ii)	(ii)
(iii)	(iii)

Subsidiary Level

- (i)
- (ii)

(b) Other qualifications (Academic, Technical, Professional)

Qualifications (in case of degree whether Hons/Special, Ordinary/General)	Date obtained	Examining Institution
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(c) Special/Post Graduate Qualifications

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(d) Relevant Experience

Post held	Dates
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5. I certify that:

- (i) ***I am/am not working on a full time basis.**
- (ii) **The particulars given above are correct to the best of my knowledge.**
- (iii) **Photocopies of Birth/Marriage Certificates, Academic and Professional Qualifications are enclosed.**

**Delete where appropriate*

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Date

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Signature of Applicant