

APPLICATION FORM FOR POSTING TO AGALEGA

1. **FULL NAME:**.....

2. **STATUS:** Mr/Mrs/Miss (Single/Married)*

3. **DATE OF BIRTH:**.....

4. Whether following medical treatment in connection with any illness: Yes/No*

5. **ADDRESS:**.....

.....

6. **TEL NO. (Residential):**..... **MOBILE NO.:**.....

7. **POSTING:**.....

8. **DATE OF APPOINTMENT AS ICT SUPORT OFFICER:**.....

9. **ANY SPECIAL QUALIFICATIONS:**.....

10. **EXPERIENCE OF SOCIAL WORK:**.....

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Date

Signature of Applicant

Remarks of Head of School/Head of Section

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Date

Signature of Head Master/Head of Section

***Please delete whatever is not applicable**