

CONFIDENTIAL

UNIVERSITY OF HEALTH AND ALLIED SCIENCES

SENIOR ADMINISTRATIVE/PROFESSIONAL STAFF APPLICATION FORM

APPLICATION FOR APPOINTMENT AS
IN THE DEPARTMENT/SCHOOL/INSTITUTE/DIRECTORATE OF

This form is to be completed and returned to The Registrar, University of Health and Allied Sciences, PMB 31, Ho or by email at applications@uhas.edu.gh along with updated curriculum vitae and certificates of applicant.

1. Personal Particulars:

Surname (Block Letters)

Other Names.....

Former Names (if any)

Date and Place of Birth

Nationality..... Home Town

Sex: Male..... Female.....

Address in full

Email Telephone No

Marital Status..... Number of Children.....

Sons..... aged.....respectively

Daughters..... aged.....respectively

2. Educational/Professional Qualifications

(i) Where educated, with dates, particulars of qualifications (university awards - indicating class of degree and professional qualifications).

Institution	Place	Dates (From – To)	Qualifications

3. Present Employment

Name of Institution/Organization.....

Date of appointment:

Positions held indicating dates, starting with the most recent:

(i)

(ii)

(iii)

Details of current emoluments

(i) Basic salary in your present position

(ii) Allowances.....

(iii) Others.....

4. Previous Employment

Details of relevant work experience, with dates. *(This may include managerial and administrative leadership positions held; experience with Boards/Committees; fundraising and fund management experience; community involvement; etc. You may attach a separate sheet for additional space.)*

Organization	Dates	Position held and Responsibilities

5. Details of major Administrative/Professional Projects undertaken, including Reports, Memoranda and Publications *(You may attach a separate sheet)*

Major Administrative/Professional Projects, including Reports/ Memoranda/Publications	Organization where work was carried out	Dates

6. A brief statement on areas of special administrative/professional interest:

7. Names, Phone Contacts, Postal and Email Addresses of three Referees.

(i)
Address:.....
.....
.....

Phone Email

(ii)
Address:.....
.....
.....

Phone Email

(iii)
Address:.....
.....
.....

Phone Email

(Candidates are advised to request referees to respond promptly to enquiries when made)

8. General

i. Names of learned or professional associations of which you are a member:

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ii. Extra-curricular activities in which you are interested:

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iii. If engaged, how soon after notification of selection could you assume duty?

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9. The space below may be used for any additional details you may wish to provide.

Signature of Applicant

Date: