

**CONFIDENTIAL**

**PLANNED PARENTHOOD FEDERATION OF NIGERIA**

<b>POST APPLIED:</b>			
<b>FULL NAME (SURNAME FIRST):</b>			
<b>ADDRESS:</b>			
<b>PLACE OF BIRTH:</b>			
<b>NATIONALITY:</b>			
<b>DATE OF BIRTH:</b>			
<b>MARITAL STATUS:</b>			
<b>NO. OF CHILDREN:</b>			
<b>NAME(S) OF CHILDREN:</b>		<b>AGE:</b>	
<b>SCHOOLS ATTENDED:</b>			<b>YEAR</b>
(a)			
(b)			
( c )			
<b>QUALIFICATIONS:</b>			
<b>PROFESSIONAL COURSES:</b>			
<b>WORK EXPERIENCE/EMPLOYMENT HISTORY</b>			
<b>Current Employment:</b>			
<b>Employer</b>	<b>Post</b>	<b>Period</b>	<b>Current Gross Salary Per Annum</b>
<b>SUPERVISING OFFICER:</b>			

<b>CURRENT RESPONSIBILITY:</b>			
<b>PREVIOUS EMPLOYMENT:</b>			
<b>Employer</b>	<b>Post</b>	<b>Period</b>	<b>Salary</b>
<b>FOR THE POSITION APPLIED, INDICATE SALARY REQUIRED:</b>			
<b>OTHER BENEFITS:</b>			
<b>DO YOU HAVE ANY OUTSTANDING LOAN WITH YOUR PRESENT EMPLOYER OR PREVIOUS EMPLOYERS?</b>			
<b>IF YES, HOW MUCH:</b>			
<b>FOR WHAT PURPOSE WAS THE LOAN OBTAINED?</b>			
<b>HOW MUCH HAVE YOU REPAID:</b>			
<b>BALANCE OF LOAN STILL OUTSTANDING:</b>			
<b>REPAYMENT: MONTHLY/ANNUALLY AT:</b>			
<b>HOW DO YOU INTEND TO LIQUIDATE THE LOAN?</b>			
<b>PLEASE CONFIRM THE STATUS OF YOUR HEALTH INSURANCE POLICY:</b>			
<b>Name of Health Maintenance Organization (HMO)</b>	<b>Hospital</b>	<b>Name of Doctor/Address</b>	
<b>NOTICE: HOW MANY MONTHS NOTICE DOES YOUR CURRENT EMPLOYER REQUIRE?</b>			
<b>HAVE YOU ATTENDED ANY COURSE OR SEMINAR ON REPRODUCTIVE HEALTH/FAMILY PLANNING, HIV/AIDS, MCH? IF YES PLEASE LIST.</b>			

**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):**

LANGUAGES:	SPOKEN			WRITTEN		
	Excellent	Good	Fair	Excellent	Good	Fair

**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: \_\_\_\_\_