



APPLICATION FORM FOR INTERNS AND YOUNG STATISTICIANS

GENERAL INSTRUCTIONS

This form contains 6 (six) parts from A to F. Applicants are required to fill all the parts and attach copies of national identity card, academic and professional Certificates.

PART A: PERSONAL DETAILS

1. Surname:.....Middle name.....Other name.....
2. (i) Sex :.....(ii) Date of Birth: (dd/mm/yyyy).....
3. (i) Nationality..... (ii) National ID/Passport No.....
4. Ethnicity:.....
5. Disability Status (where applicable).....Type of Disability.....
6. County of Origin:.....

PART B: CONTACT DETAILS

1. Postal Address:.....Code:.....Town.....
2. Physical Address.....
3. Cell Phone Number:.....
4. Email Address:.....

PART C: DETAILS OF VACANT POSITION

1. Position Applied For:.....
2. Reference number of the position.....



PART D: ACADEMIC AND PROFESSIONAL QUALIFICATIONS

State Schools / Colleges/Universities/Institutions attended and indicate any professional/Educational/Technical qualifications obtained (Start with the most recent qualification).

1. ACADEMIC QUALIFICATIONS (Start with the highest)				
Name of the Institution (University/College/School)	From (Year)	To (Year)	Qualifications Obtained (level, and Field) e.g. <input type="checkbox"/> BSc.-Statistics <input type="checkbox"/> BSc. Math, IT etc.	Grade e.g. <input type="checkbox"/> 1 st Class <input type="checkbox"/> Credit <input type="checkbox"/> A plain etc.
2. PROFESSIONAL/TECHNICAL QUALIFICATIONS				
Name of the Institution (University/College)	From (Year)	To (Year)	Qualifications Obtained (Level, and Field) e.g. <input type="checkbox"/> CPA Part II- Section <input type="checkbox"/> Higher Diploma in HR <input type="checkbox"/> Certificate in Computer Packages etc.	Grade e.g. <input type="checkbox"/> Distinction <input type="checkbox"/> Credit <input type="checkbox"/> Pass etc.
3. MEMBERSHIP TO PROFESSIONAL BODIES				
Name of Professional Body	Membership type	Membership Number		



PART E: REFEREES

S/NO	Name	Position	Phone number/ Email Address/postal address	Relationship to applicant
1				
2				
3				

PART F: DECLARATION:

I, (Name).....hereby
certify that:

To the best of my knowledge, the particulars given on this form are correct.

Applicant's Signature..... **Date**

