



JOB APPLICATION FORM

All the information you are asked to provide in support of your application will be handled in confidence. Please refer to the application form guidance notes before completing this form.

Once completed, email your application form to recruitment@mrc.gm. Please specify the name of the post you are applying for as the subject heading of your email.

| | | |
|--------------------------|-----------------------|------------------------------|
| Post applied for: | Advertised in: | Ref No (if provided): |
|--------------------------|-----------------------|------------------------------|

Personal Details:

| | | | |
|--------------------------|--|-----------------------|--|
| Surname: | | Title: | |
| Forenames: | | | |
| Current Address: | | | |
| Contact Number/s: | | Email Address: | |
| Nationality: | | Date of Birth: | |

| | | |
|--|-----|----|
| Have you made any previous application to MRCG at LSHTM? Please state post(s) and approximate date(s) | Yes | No |
| Have you previously been employed by MRCG at LSHTM? If yes, please give details on current or previous employment section | Yes | No |

Current/most recent post:

| | | | |
|--|--|-------------------|--|
| Employer: | | Job title: | |
| From: | | To: | |
| Notice Period: | | | |
| Reason for leaving (if applicable): | | | |
| Salary and Benefits: | | | |

| Brief description of major duties and responsibilities: |
|---|
| |

Previous employment (please start with most recent): please explain any gaps in your employment dates in other relevant information section below

| Job title: | Employer: | Dates (from-to): | Reason for leaving: |
|------------|-----------|------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Education and Qualification (please start with most recent):

| Name of institution: (University/College/ School) | Dates of study (from-to): | Course/Subject /Qualification Level | Result/Grade/Degree |
|---|------------------------------|--|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Membership of professional associations and/or institutes

| Professional body | Registration No: | Membership status | Expiry date |
|--------------------------|-------------------------|--------------------------|--------------------|
| | | | |
| | | | |
| | | | |

Other relevant information, training or work related skills (for example languages, IT skills including managerial experience, projects undertaken and gaps in employment dates etc):

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It is MRC Unit The Gambia at the London School of Hygiene & Tropical Medicine's policy to verify the qualifications and credentials of all successful job applicants.

References:

Please give the details of two referees, not related to you, from whom we may obtain **employment references** to describe your suitability for the post. If you are currently working, one of these **must** be your current employer. The other reference must be a previous employer (or tutor if you have been in education). MRCG at LSHTM reserves the right to request more than two references or to contact previous employers not listed below.

| | |
|---|---|
| 1. Name: | 2. Name: |
| | |
| Job title: | Job title: |
| | |
| Relationship: | Relationship: |
| | |
| Company Address: | Company Address: |
| | |
| Telephone number: | Telephone number: |
| | |
| Email:(preferably work email address) | Email:(preferably work email address) |
| | |
| May we contact this referee in the event that you are offered, and have verbally accepted, a provisional offer of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> | May we contact this referee in the event that you are offered, and have verbally accepted, a provisional offer of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Supporting Statement:

Please provide a statement in support of your application which demonstrates that you meet the shortlisting criteria, as outlined in the person specification. Your statement must be **no longer than 3 sides of A4 paper** (minimum font size 11).

DECLARATION

I declare that to the best of my knowledge the information that I have provided on this form is true, accurate and complete. I understand and hereby agree that if I am appointed to the staff of the MRCG at LSHTM it will be based on this information and that a false statement may result in the termination of my appointment.

Full Name:

Signature:

Date: