**CHRISTIAN HEALTH ASSOCIATION OF MALAWI**

**Application Form**

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| **A. PERSONAL INFORMATION** | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | Date of Birth |  |
| First Names |  | | | | | | | | | | | Sex |  |
| Home Address | District | | | |  | TA | | | |  | | Village |  |
| Email address |  | | | | | | | | | | |  |  |
| Postal Address |  | | | | | | | | | | | | |
| Cell phone number |  | | | | | | |  | | | |  | |
| Church |  | | | | | | | Congregation/branch | | | |  | |
| Qualifications | Student | | | Diploma | | | | | Bachelor’s Degree | | | Master’s degree | |
| **B. EDUCATION BACKGROUND** | | | | | | | | | | | | | |
| University / College / School attended | | Start date (mm/yyyy) | Finish date (mm/yyyy) | | | | Qualifications obtained and grade | | | | Subject(s), for post-secondary education | | |
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| **C. WORK EXPERIENCE** | | | | | | | | | | | | | |
| Organisation | | Start date (mm/yyyy) | Finish date (mm/yyyy) | | | | Job title | | | | Key responsibilities | | |
|  | |  |  | | | |  | | | |  | | |
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| **D. ADDITIONAL INFORMATION** | | | | | | | | | | | | | |
| **Other relevant experience** | | | | | | | | | | | | | |
| Organisation | | Start date (mm/yyyy) | Finish date (mm/yyyy) | | | | Position title | | | | Key responsibilities | | |
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| **E. APPLICATION** | | | | |
| Position applied for *(Indicate one)* |  | | | |
| Briefly describe what you would contribute to CHAM |  | | | |
| **F. REFEREES** | | | | |
| Name | Position | Relationship | E-mail | Cell phone |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

Submit completed forms by e-mail to: LNMalawiHR@LNinternational.org by 1 st March 2019.

NOTE: Strictly two pages