**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