CONFIDENTIAL

Telephone No:

APPLICATION FORM

Please compl	lete by	y typin	g all f	ive
pages of this	form	in blac	k ink	

Post applied for:	Please attach your CV together with this application form
Where did you find this post advertised?	Please return the completed form with CV to: Rwanda.jobs@actionaid.org
Personal Details	
Last Name:	
First Names:	
Address:	
Nationality:	
Male/	Contact telephone no(s) and convenient times for us to contact vol:

Email address:

IMPORTANT INFORMATION - GUIDANCE NOTES ON COMPLETING APPLICATION FORM

COMPLETING THE FORM

Please make sure your application form is well presented.

- Please type in black ink.
- **Job Description and Person Specification** read these carefully as they list the skills, knowledge, qualifications and experience required
- The text boxes in the "career history" section are expandable. Make a copy of your completed form for your own reference
- Education and Professional Qualifications AA is primarily interested in the range and diversity of the educational level you have achieved, as well as whether you have basic numeracy and literacy skills in English, which is the main working language of ActionAid.
- Please send in your CV with this form. The application form is the only information used for the final short-listing.

RETURNING THE COMPLETED FORM

Your completed application form should be returned to the email address **Rwanda.jobs@actionaid.org** and should be sent no later than the stated closing date. We are unable to consider late applications.

Only applicants who are short listed will be contacted.

Please inform us if at any stage after submission of your form you decide not to proceed with your application.

CONFIDENTIAL - APPLICATION FORM - LRP AND SUPPORTER CARE COORDINATOR-KARONGI, ACTIONAID RWANDA

Please complete the application form clearly and send electronically with your CV to: Rwanda.jobs@actionaid.org

Date of Application	:							
Position Applied for	::							
Personal Details								
Surname			F	First N	lam	es:		
Address								
Post Code (If								
Applicable)	TT				117	1_ (4:+:	1	
Telephone no.	Home					ork (discretion ill be used)		
Email address	L				1			
Qualifications / T : Schools, Colleges, Unique to provide	Universit	-			_	-	ou	may be
Institution]	From	To	D	Av	vard/Qualification		Field of study of study
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Other relevant train	ning or s	hort in-	serv	rice cc	niire	.ec.		
Course	g 01 0	Fro		To	Jare	Details		
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Please continue wit You will be required								
Employment								
Present or most rec	ent emp	oloyer: (ii	f ap	propri	iate)		
Name and address		<u> </u>						
of employer	D							<u> </u>
Dates employed Supervisor's Job Title:	From	:				To:		
Your Job Title								
Summary of duties								

	ence relevar	nt to tl	his post which you may have ga	ained outside
paid employment, inc	luding volu	ntary	work	
Employer's name & address	From	То	Position held and duties	Reason for leaving
appointment to this p Please indicate your competency areas: COMPETENCY 1). Ac	erience, ski post. experience	e and Budg	nowledge and qualities make you what your actual role was in get Plan	
COMPETENCY 2). C	ommunity	, MODI	insation and Sensitisation	
COMPETENCY 3). Do	ocumentat	ion, m	nonitoring and evaluation	
COMPETENCY 4). Pl	an and org	anize	events observing safeguardin	g policies
COMPETENC Y 5). T	rack Progr	amme	es objectives and impact	

References (one silve years.	your being offered ag the full five year should be from the panents you have been	nt or most recent employer) a position with ActionAid, we shall seek rs preceding your start with us. Wherever lace(s) of employment, or education/training, attached to during this period. Please name been at the same establishment for the past
In the event of yreferences coverin possible, referees sor other establishmat least two referee five years.	your being offered ag the full five year should be from the panents you have been	a position with ActionAid, we shall seek rs preceding your start with us. Wherever lace(s) of employment, or education/training, a attached to during this period. Please name
to contacting them Refe Name Job Title		terview, and we obtain your permission prior Referee 2
Address Post Code Telephone no.		
Email address Relevant Dates of Employment with Reference		