

**CONFIDENTIAL**

Application Form

Please type or write in black ink as this form will be photocopied.

**Please return the complete form to:**

Amnesty International Nepal

Amnesty Marga, Basantanagar, P.O. Box 135, Balaju, Kathmandu, Nepal.

Phone 01-4364706 or 01-4365431, Fax: 01-4354987, email : [vacancy@amnesty.org.np](mailto:vacancy@amnesty.org.np)

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| Post Applied for: |

**Personal Details**

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| --- | --- |
| Full Name | Title (Ms/Mrs/Mr/Dr/Other): |
| Permanent Address | Postal Address |
| Mobile No:  Home Phone No.  Office Phone No. | Fax No.  Email : |
| Sex : | Age range  25 years or younger  26 to 35 years  35 to 45 years  45 to 55 years  46 years or over |
| Disability  *Do you regard yourself as having a disability?* |
| Ethnic Origin  *If you wish to provide more details about your ethnic origin please specify* |

**General Information**

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| --- | --- |
| If appointed, when would you be able to start? | Are there any date or times when you would NOT be available for interview? |

**Languages**

Please indicate level (Fluent, good, intermediate, basic). Start with first language ('mother tongue')

| Language | Understand | Speak | Read | Write |
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**Work experience**

*Please describe the job you have done, state which are voluntary or temporary appointment.*

*Start with your current or most recent job. Please continue on a separate sheet if necessary.*

| Dates  (from and to) | Name and Address of employer | Job title and brief description of your responsibilities | Pay and reason for leaving |
| --- | --- | --- | --- |
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**Education and Training**

Please give details of courses you have completed and qualifications gained.

| Dates | | Name and address of provider /institution | Detail of course attended | Qualification gained (if any) |
| --- | --- | --- | --- | --- |
| From | To |
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You may asked to bring evidence of your qualifications.

**References**

Please give us the name and address of two professional referees. The first should be your current or most recent employer. The other should be someone who knows your professional work well enough to be able to comment meaningfully about your ability to carry out this job. They must not be your relatives.

|  |  |
| --- | --- |
| 1. Name  Address  Phone  Mobile  email | 2. Name  Address  Phone  Mobile  email |
| Working relationship  *Current or most recent employer* | Working relationship: |
| When we may contact this referee?  After Short listing After Offer | When we may contact this referee?  After Short listing After Offer |

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| **Other Information**  Please use this section to explain how your experience shows that you have the abilities to do this job. We suggest that you give evidence about each of the items on our person specification. Continue separate sheet if necessary. |

*I certify all the information given in this application is correct*

Signature Date