Email:_____

Photo



An Roinn Gnóthaí Eachtracha agus Trádála Department of Foreign Affairs and Trade

SNNPR PROGRAMME OFFICER

APPLICATION FORM

SECTION A. PERSONAL & CONTACT INFORMATION

| Title: Ms/Mr/Dr etc. | |
|----------------------------------|--|
| Surname: | |
| First Name: | |
| Contact Address: | |
| P.O. Box: | |
| Date of Birth: | |
| Telephone Home: | |
| (incl. international code) | |
| Telephone Work: | |
| Mobile: | |
| E-Mail: | |
| Citizenship: | |
| Eligibility to work in Ethiopia: | |

Email:_____

SECTION B. EDUCATION

Name:_____

| Primary Degree | |
|---|--------|
| Title: | Grade: |
| Awarded by (university/college name) | Year: |
| Major subjects taken to degree level | |

| Other qualifications Study (or equivalent professional qualification) | | |
|---|--|--|
| Qualification (Title & level achieved) | | |
| Awarded by | | |
| (university/ college or professional body) | | |
| Year awarded | | |
| | | |
| Qualification/ college (Title & level | | |
| achieved) | | |
| Awarded by | | |
| (university or professional body) | | |

| (university or professional body) | |
|-----------------------------------|--|
| Year awarded | |

Email:_____

SECTION C. SKILLS

SECTION C. SKILLS

Please rate your level of expertise based on the following ranking: 3 = proven expertise; 2 = some direct experience; and 1 = some understanding but no experience; Blank = no knowledge

| Expertise | Rating (3, 2, 1 or blank) |
|---|---------------------------------|
| Heath Sectoral Planning and Health infrastructure | |
| Maternal & Reproductive Health | |
| Agriculture and Rural Livelihood | |
| Managing tender processes and contracting | |
| Financial Management of budgets and disbursements, and financial review of project documents, audit follow-up | |
| Information Management – managing soft and hard files and using a database | |
| Organizational capacity development | |
| Mainstreaming of gender or governance | |
| Training skills – direct delivery of training | |
| Report writing/analytical skills | |
| Programme Strategy development processes | |
| Quantitative baseline survey design | |
| Monitoring and Evaluation and results based management | |
| Representation and influencing | |

Language Proficiency

Please indicate your level of expertise based on the following levels: 4 = Fluent ; 3 = Very Proficient; 2 = Proficient; 1 = Basic; and Blank = No expertise Language Read Write Speak Understand Image Read Image Image Image Image Image Image Image Read Image <td

Computer Skills

Please indicate your level of expertise based on the following levels: 4 = Expert; 3 = Very Proficient; 2 = Proficient; 1 = Basic; and Blank = No expertise

| MS Word | Internet |
|--------------|-------------------------------|
| Spreadsheets | Other – please include below: |
| Databases | |
| PowerPoint | |
| E-Mail | |

SECTION D. WORK EXPERIENCE

Please fill from your present or most recent employer and insert new boxes as required.

| Employer / Project | | |
|--------------------------------------|------|----|
| Date | From | То |
| Your position | | |
| Reason for leaving /wishing to leave | | |
| Nature of your work | | |
| | | |
| | | |
| | | |
| | | |

| Employer / Project | | |
|--------------------------------------|------|----|
| Date | From | То |
| Your position | | |
| Reason for leaving /wishing to leave | | |
| Nature of your work | | |
| | | |
| | | |
| | | |
| | | |

| Employer / Project | | |
|--------------------------------------|------|----|
| Date | From | То |
| Your position | | |
| Reason for leaving /wishing to leave | | |

Name:

| Nature of your work | |
|---------------------|--|
| | |
| | |
| | |
| | |

| Employer /Project | | |
|--------------------------------------|------|----|
| Date | From | То |
| Your position | | |
| Reason for leaving /wishing to leave | | |
| Nature of your work | | |
| | | |
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| | | |
| | | |
| | | |

SECTION E. Why is this position with Irish Aid of interest to you? (Not more than 250 words)

Name:

SECTION F. References

Please give names, addresses and contact details of two persons who can comment on the quality of your work.

| 1. | 2. |
|-----------------------------------|-----------------------------------|
| | |
| | |
| | |
| | |
| | |
| Contact details: Telephone No: | Contact details: Telephone No: |
| E-mail : | E-mail : |
| | |

| If any particulars given by you in this application are found to be false or if you deliberately leave out any relevant facts, |
|--|
| any offer of employment may be withdrawn. Alternatively, if you are appointed when the correct facts come to light |
| you may be liable for dismissal. |
| |

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION GIVEN ON THIS FORM IS CORRECT, THIS APPLIES TO APPLICATIONS SUBMITTED IN HARD COPY AND BY EMAIL.

Signed :_____

_____ Date:_____

Name (in block capitals):

Instructions to submit your application

- 1. Save your completed form as: your family name your first name (e.g. Ayele_kebede)
- 2. Send completed application form by e-mail (please see the advert on local newspapers for the email address)
- 3. Hard copies of application form can also be submitted to Embassy of Ireland, P.O. Box 9585, Addis Ababa
- 4. Further information on the post is available on the Embassy's website: <u>http://www.dfa.ie/irish-embassy/ethiopia/</u>