

Name: _____

Email: _____



Irish Aid

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

**SENIOR HEATH & NUTRITION PROGRAMME MANAGER
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:	

Name: _____

Email: _____

SECTION B. EDUCATION

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)	
Year awarded	

Name: _____

Email: _____

SECTION C. SKILLS

General

<p align="center"><i>Please indicate your level of expertise based on the following levels: 4 = Expert (qualified and experienced); 3 = Very Proficient (relevant field experience or degree); 2 = Proficient (knowledgeable and interested); 1 = Basic; and Blank = No expertise</i></p>			
Rating	Expertise	Rating	Expertise
	Maternal & Reproductive Health		Maternal and Child Nutrition
	Human Resources for Health		Nutrition in Emergencies
	Child Health		Financial Management (incl. budget appraisal & monitoring)
	HMIS		Results based monitoring
	HIV and AIDS (prevention, care & support)		Quantitative baseline survey design
	Environmental Health		Mainstreaming
	Health Sector Planning		Programme/strategy development
	Health infrastructure		Representation and influencing
	Health care financing		Other (please note)
	Research		Other (please note)

Language Proficiency

<p align="center"><i>Please indicate your level of expertise based on the following levels: 4 = Fluent ; 3 = Very Proficient; 2 = Proficient; 1 = Basic; and Blank = No expertise</i></p>				
Language	Read	Write	Speak	Understand

Name:

Email:

Computer Skills

<p><i>Please indicate your level of expertise based on the following levels: 4 = Expert; 3 = Very Proficient; 2 = Proficient; 1 = Basic; and Blank = No expertise</i></p>			
MS Word		Internet	
Spreadsheets		Other – please include below:	
Databases			
PowerPoint			
E-Mail			

Name:

Email:

SECTION D. WORK EXPERIENCE

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

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

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

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

Name:

Email:

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

Name:

Email:

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

Name:

Email:

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: E-mail :	Contact details: Telephone No: 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. For email address, please refer the local newspapers (The Reporter on the 5th of February and on Daily Monitor advertised Saturday – Monday, February 4 – 6, 2017)
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:
<https://www.dfa.ie/irish-embassy/ethiopia/>