THANK YOU FOR APPLYING TO WORK WITH

HEALTH POVERTY ACTION

Please return your completed application form to:

[p.steenkamp@healthpovertyaction.org](mailto:p.steenkamp@healthpovertyaction.org)

**At Health Poverty Action we celebrate diversity and promote equality and inclusion amongst all of our staff and everyone we work with.**

|  |  |
| --- | --- |
| 1. **Personal Information** | |
| Post(s) for which you are applying: |  |
| Family Name: |  |
| First Name: |  |
| Do you have a legal right to live and work in Namibia? |  |
| Present address: |  |
| Email address: |  |
| Contact telephone number: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Education and Qualifications**   (please include Secondary School and subsequent) | |  |
| Place of Study | Subject(s) | Qualifications, including the grades obtained |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 1. **Work experience -** Starting with your present or most recent employment   *If you are currently undertaking a full-time course of education/training, please enter this as your employment* | |
| Employer: |  |
| Employer Address: |  |
| Position Held: |  |
| From – To: |  |
| Reason for Leaving: |  |
| Summary of Role: | |
| Employer: |  |
| Employer Address: |  |
| Position Held: |  |
| From – To: |  |
| Reason for Leaving: |  |
| Summary of Role: | |
| Employer: |  |
| Employer Address: |  |
| Position Held: |  |
| From – To: |  |
| Reason for Leaving: |  |
| Summary of Role: | |
| Employer: |  |
| Employer Address: |  |
| Position Held: |  |
| From – To: |  |
| Reason for Leaving: |  |
| Summary of Role: | |
| 1. **Any other jobs or voluntary work** | |
|  | |
| 1. **Additional Skills and Training** | |
|  | |
| 1. **Personal Interests** | |
|  | |
| 1. **From when are you available to take up this post?**   *Health Poverty Action is very committed to flexible working. We will consider applicants to work on a part-time and a flexible working basis where possible* | |
|  | |
| 1. **Applications from people with disabilities, or those with health problems, are welcome and will be given full consideration.**   *Please tell us here of any help or special equipment you might need in order to carry out the duties outlined in the job description, attend for interview, or participate in the recruitment process* | |
|  | |

|  |  |
| --- | --- |
| 1. **Languages** | |
| Your main language: |  |
| Other Languages (please state language and competence): |  |
| 1. **In your own words, please explain why you are applying for this job, and why you feel you would be a good appointment.**   Please address each of the criteria in the person specification in turn when writing this section.  Add an additional sheet(s) if necessary | |
|  | |

|  |  |
| --- | --- |
| 1. **Reference Information**   At least one reference should be provided by a previous employer wherever possible. Relatives and partners are not suitable as referees. Referees will not be contacted without your prior permission.  *Health Poverty Action recognises that all adults and children have equal rights to protection from abuse and exploitation. Health Poverty Action condemns exploitation and inappropriate behaviour, and is committed to the safeguarding of programme participants as is reflected in our selection process. Your referees will be asked to comment on your suitability in relation to this.* | |
| Where did you see this job advertised? |  |
| **Reference 1** | |
| Name: |  |
| Organisation: |  |
| Job Title: |  |
| Email Address: |  |
| Telephone Number: |  |
| Relationship to Applicant: |  |
| **Reference 2** | |
| Family Name: |  |
| Organisation: |  |
| Job Title: |  |
| Email Address: |  |
| Telephone Number: |  |
| Relationship to Applicant: |  |
| **Reference 3** | |
| Family Name: |  |
| Organisation: |  |
| Job Title: |  |
| Email Address: |  |
| Telephone Number: |  |
| Relationship to Applicant: |  |

|  |  |
| --- | --- |
| 1. **Declaration**   For posts based overseas, or involving visits to overseas projects: I understand that the post I am applying for may involve working and living in an area (country, region or community) whose population is or has been affected by instability, and that the security and health conditions may be different to those I am used to.  I confirm that I am not barred from working with vulnerable groups or subject to sanctions of a regulatory body.  I understand that any false statement will naturally disqualify me from employment. The facts set out in this application form are, to the best of my knowledge, fair and accurate. | |
| Signed: | Date: |
| 🞎 Please tick here if you would like us to contact you by email with updates on the global movement for better health, including how you can get involved in our work through campaigning and fundraising | |

For information on how we handle and process your personal data, please refer to our privacy notice on our website: <https://www.healthpovertyaction.org/privacy-policy/>

**We wish you well in your application, and are grateful for the time you have taken.**