

### HRSB APPLICATION FORM

Please read the HRSB Participant Information Sheet before completing this form

Please circle the *most appropriate* answer where appropriate

Please complete *all sections*

Applications will only be accepted in *English*

#### Section One: Personal and Organisational Information

##### Personal Details

Name:	
Date of birth:	Sex: [M] [F]
Place of birth:	
Highest level of education:	
Details of relevant qualifications/training/education:	
1.	
2.	
3.	
4.	
Contact address:	
Contact phone:	Contact email:
Spoken English skill: [poor] [fair] [good] [excellent]	
Written English skill: [poor] [fair] [good] [excellent]	
Reading English skill: [poor] [fair] [good] [excellent] <b>please circle one</b>	

##### Organisational Details

Current position:	
Current organisation/employer:	
Type of organisation (government, NGO, other):	
Contact address:	
Supervisor's name:	Contact email:
Supervisor's phone:	
Briefly describe the main work of your organisation:	
Where does your organisation work (please list all districts)	







## Application Checklist

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Incomplete applications will not be considered. Please ensure that you complete all sections of the application form.

### Applications must include:

Application form (with sections one and two completed)	YES
Letter of support from employer OR letter of reference/support From community leader/health sector professional	YES

Applications should be emailed, posted or faxed to the following addresses:

### Contacts:

#### Domingos Soares – Dili

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