# National Child Protection Authority

## Application for the Post of Therapist (MA 03)

1. **Personal Details**

| | |
|---|---|
| Name in Full<br>Rev./ Mr./Mrs./Miss | |
| Name with initials | |
| Date of Birth / Age | Date :          Month:          Year:          Age: |
| Sex | Male:                                   Female : |
| National Identity Card No /Passport No | |
| Civil Status | Married:                              Single: |
| Nationality | |
| Permanent Address | |
| Contact Numbers | |
| E-mail Address | |

**2. Education/Professional Qualifications**

**2.1 Degree Qualifications**

| | *Degree* | *Name of the University/ Institution* | *Class/Grade obtained* | *Date of Award* | *Effective date of degree* |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |

**2.2 Post Graduate Degree Qualifications**

| | *Degree* | *Name of the University/ Institution* | *Date of Award* | *Effective date of degree* |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

**2.3 Professional Qualifications**

(Chartered Qualifications / Memberships / Registrations / Post graduate Diploma /Advanced Diploma/ Diploma / National Vocational Qualification (NVQ)/ Certificate Qualifications / (Including Computer, Language etc.)

| | *Qualification* | *Field* | *Name of Institution* | *Date of Award* | *Duration* |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

### 3. Working Experience

| | *Employer/ Institution* | *Designation* | *From –To* | *Number of Years* | |
|---|---|---|---|---|---|
| | | | | *years* | *Months* |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

### 4. Extra Curricular Activities

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### 5. Other Achievements (Including Leadership, Managerial, Research, Project Involvements, Experience, Publications etc.)

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**6.** **Any other particulars  (Not included above)**

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**7.** **Two Non Related Referees**

| | Name | Designation | Address | Contact Details (TP Number & Email) |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |

**8.** I hereby certify that the particulars submitted by me in this application are true and accurate. I am aware that if any of these particulars are found to be false or inaccurate, I am liable to be disqualified before selection and to be dismissed without any compensation if the inaccuracy is detected after appointment.

……………………………………..                                             …………………

        Signature of Applicant                                                   Date

**9.** **Recommendation of the Head of the Institution**

(For the applicants who are already in the service of Government Departments/ State Corporations/ Statutory Boards)

I recommended and forwarded herewith the application of Mr/ Ms/ Mrs ……………………………………for the above post and agree/ do not agree to release him/her in case selected to the post applied for.

……………………………..                              ………………………………….....

       Date                                         Head of the Institution (Official Stamp)