

**PRIVATE SECONDARY EDUCATION AUTHORITY**

**Sir F. Herchenroder Street**

**BEAU BASSIN**

**Tel. No. 454-7031 – 466 8284/85**

**Fax No. 464-5347**

|                     |    |   |
|---------------------|----|---|
| For Office Use Only |    |   |
| Application No.     |    |   |
| Q                   | NQ | P |
|                     |    |   |

**APPLICATION FORM**

1. Post Applied for .....

2. Surname (in block letters) .....

Other Names (in block letters) .....

Maiden Name (if applicable) .....

Male / Female ..... Single / Married .....

3. Residential Address (in block letters) .....

..... Telephone No. (H).....(M).....

4. Date of Birth .....Age ..... 5. Nationality .....

6. National Identity Number: .....

7. **Education**

Name of Secondary School/s attended: .....

**Details of Secondary Education**

| Examinations SC / 'O' Level |         |       |            |         |       |
|-----------------------------|---------|-------|------------|---------|-------|
| Month/Year                  | Subject | Grade | Month/Year | Subject | Grade |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |
|                             |         |       |            |         |       |

| Examinations HSC / 'A' Level              |         |       |            |         |       |
|---|---------|-------|------------|---------|-------|
| Month/Year                                | Subject | Grade | Month/Year | Subject | Grade |
| <b>Subjects Taken at Principal Level</b>  |         |       |            |         |       |
|   |         |       |            |         |       |
|   |         |       |            |         |       |
|   |         |       |            |         |       |
|   |         |       |            |         |       |
| <b>Subjects Taken at Subsidiary Level</b> |         |       |            |         |       |
|   |         |       |            |         |       |
|   |         |       |            |         |       |
|   |         |       |            |         |       |

(b) **Details of Post-Secondary Education**

| INSTITUTION | DATES | QUALIFICATION AWARDED<br>(If Degree, state class and whether with honours) |
|-------------|-------|--|
|             |       |  |
|             |       |  |
|             |       |  |
|             |       |  |
|             |       |  |
|             |       |  |
|             |       |  |

8. **Employment**

Give details of previous and present employment with dates

| DATE | POSITION HELD | EMPLOYER |
|------|---------------|----------|
|      |               |          |
|      |               |          |
|      |               |          |
|      |               |          |
|      |               |          |
|      |               |          |

9. Level of Computer Literacy: .....

10. Other courses, seminars, etc (if any) attended. (Give full details, including dates)

.....  
.....  
.....

11. Hobbies, sports, interests, and any other matters you would wish to bring to the attention of the Authority

.....  
.....  
.....

12. State languages spoken and/or written: .....

13. (a) Have you ever been subject to criminal proceedings which have resulted in a conviction?\*

YES  NO

.....  
.....

(b) Have you ever resigned or been dismissed or discharged from the Public Service/any Statutory Body?\*

YES  NO

.....  
.....

***\*Tick as appropriate***

***If the answer to (a) or (b) is "Yes", please give details and attach statement if necessary***

14. **Referees**

(State the names, addresses and telephone numbers of two persons who know you very well, personally and / or professionally, and whom the Authority may contact)

N.B. : Please obtain their prior agreement to act as referees.

|              |              |
|--------------|--------------|
| Name :       | Name :       |
| Profession : | Profession : |
| Address :    | Address :    |
| Tel. No.:    | Tel. No.:    |

15. I declare that the particulars in this application and any sheets attached thereto, are true to the best of my knowledge and belief and that I have not willfully suppressed any material fact.

Date: .....

Signature of Applicant .....