

**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.

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**APPLICATION FORM**

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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

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

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

<b>INSTITUTION</b>	<b>DATES</b>	<b>QUALIFICATION AWARDED (If Degree, state class and whether with honours)</b>

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)

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

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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 .....