

PRIVATE SECONDARY EDUCATION AUTHORITY

Sir F. Herchenroder Street

BEAU BASSIN

Tel. No. 454-7031 – 466 8284/85

Fax No. 464-5347

PARTICULARS OF APPLICANT

Post Applied for	
Surname (in block letters)	
Other Names (in block letters)	
Maiden Name (if applicable)	
Male / Female	
Single / Married	
Date of Birth	
Residential Address	
Age	
Telephone Number	
Email Address	

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
Subjects Taken at Principal Level					
Subjects Taken at Subsidiary Level					

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Details of Post-Secondary Education		
INSTITUTION	DATES	QUALIFICATION AWARDED (If Degree, state class and whether with honours)

EMPLOYMENT		
DATE	POSITION HELD	EMPLOYER

Level of Computer Literacy	
Other courses, seminars, etc (if any) attended. (Give full details, including dates)	
Hobbies, sports, interests, and any other matters you would wish to bring to the attention of the Authority	
State languages spoken and/or written	
Have you ever been subject to criminal proceedings which have resulted in a conviction?	Yes or No
Have you ever resigned or been dismissed or discharged from the Public Service/any Statutory Body	Yes or No

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

Date:

Signature of Applicant: