

PERSONAL HISTORY Application Form

Please answer each question clearly and completely.

1. Family name:	Given names:	Title: Dr. / Mr. / Ms.	2. Sex: M <input type="checkbox"/> F <input type="checkbox"/>
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3. Date of Birth: (dd/mm/yy)	4. Place of birth:	5. Nationality(ies) at birth:	Current nationality(ies) and / or country of permanent residence:
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6. Permanent Address:	Current Address (if different):	E-mail:
Tel:	Tel:	Daytime tel:
		Fax:

7. Do you have any dependents? Y N If yes, please provide details:

Name:	Age:	Relationship to you:

8. What is your preferred field of work?

9. Knowledge of LANGUAGES: What is your mother tongue?

Please indicate the level of your knowledge of other languages.
1= fluent, 2=good working knowledge, 3=fair, 4=basic

Other Languages:	Reading	Writing	Speaking	Understanding

10. EDUCATION:
Please give exact titles of degrees in original language. Please do not translate or equate to other degrees.
a) UNIVERSITY or equivalent

Name of university, place, country	Attended from/to		Degrees and academic distinctions obtained	Main course of study
	Mo/Yr	Mo/Yr		

b) OTHER TRAINING including professional qualifications of specialised training (e.g. Certified Public Accountant, Bar Admission etc.) and part-time study.

Name of school, place, country	Attended from/to		Certificates, Diplomas or other qualifications obtained	Main course of study
	Mo/Yr	Mo/Yr		

11. Membership in professional societies and activities in civic, public or international affairs:

12. List any significant publications you have written (Please do not attach)

13. EMPLOYMENT RECORD. Starting with your present job, list in reverse order the jobs you have had (do not go back more than 10 years). Use a separate block for each post. If you need more space, please attach additional pages of the same size. Give both gross and net salaries per annum for your last or present post.

A. Present post (or last post if not currently in employment)

From Mo/Yr	To Mo/Yr	Salaries per annum		Title of your post:
		Starting	Final	
Name of employer:				Type of business:
Address of employer:				No. and type of employees supervised by you: Reason for leaving:

Description of your duties

B. Previous posts (in reverse order)

From	To	Salaries per annum		Title of your post:
Mo/Yr	Mo/Yr	Starting	Final	
Name of employer:				Type of business:
Address of employer:			No. and type of employees supervised by you:	Reason for leaving:

Description of your duties

From	To	Title of your post:	
Mo/Yr	Mo/Yr		
Name of employer:		Type of business:	
Address of employer:		No. and type of employees supervised by you:	Reason for leaving:

Description of your duties

14. Do you have any objections to our making inquiries with your current or most recent employer? Y N

15. REFEREES: Please give details of three people, not related to you, who are familiar with your character and qualifications and whom the MRC may contact at any time. Do not repeat the names of supervisors given in section 13.

Full Name & Occupation	Full Address	E-mail and telephone contact

16. State any other relevant facts, including international experience, which may support your application.

17. Are you physically able and willing to travel?
 Y N By Air? Y N

Do you have any disabilities, which might limit your prospective field of work? (The Secretariat is fully accessible).
 Y N If yes, please provide details:

18. I certify that the statements made by me in this application form are true, complete and correct to the best of my knowledge and belief. Permission is given to the MRC to make such investigations as are necessary on the information provided. I understand that any misrepresentation or material omission made herein or in any other document requested by the MRC can render a staff member liable to termination of service or dismissal.

Date: _____ Signature: _____

Please attach CV.