**APPLICATION FORM**

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| --- | --- |
| Job Title: | Nurse AnAesthetist *or* M.D. AnAesthesiologist |
| Vacancy Number: |  | Location: | NOOR eye training centRE – darulaman ROAD near to cure hopital  |

# 1. Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME:***(as on National ID Card)* |  | **GENDER:** | **M / F** |
| **CONTACT NUMBER:** |  |
| **EMAIL ADDRESS:** |  |

# 2. Qualifications *(start with the highest level first)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVEL** | **SUBJECT** | **INSTITUTION** | **DATE** | **RESULTS** |
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# 3. Work Experience *(please add rows as necessary)*

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| --- | --- | --- | --- | --- |
| **EMPLOYER**  | **JOB TITLE** | **MAIN RESPONSIBILITIES** | **DATES OF EMPLOYMENT** | **REASON FOR LEAVING** |
| **Start Date** | **End Date** |
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**4. Training courses**

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| 4.1. Please list relevant training courses within the last 5 years |
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#  5. Job-Specific Questions

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| 5.1 What are the four main types of anaesthesia? |
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| 5.2. What is the difference between anaesthesia and general anaesthesia? |
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| 5.3. Why can’t a patient eat before surgery? |
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# 6. IAM General Question

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|  6.1. At IAM we highly value teamwork. Can you explain the advantages of working as a team? |
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# 7. Language Skills

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| **LANGUAGE** | **LEVEL OF SPOKEN COMPETENCE***(e.g. basic, intermediate, fluent)* | **LEVEL OF WRITTEN COMPETENCE***(e.g. basic, intermediate, advanced)* |
| **DARI** |  |  |
| **PASHTO** |  |  |
| **ENGLISH** |  |  |
| **OTHER** *(please state):* |  |  |
| **OTHER** *(please state):* |  |  |

# 8. Computer Skills

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| --- | --- | --- | --- |
| **PROGRAMME** | **BASIC** | **INTERMEDIATE** | **PROFICIENT** |
| **WORD** |  |  |  |
| **EXCEL** |  |  |  |
| **POWERPOINT** |  |  |  |
| **OTHER** *(please state):* |  |  |  |
| **OTHER** *(please state):* |  |  |  |

#  9. Additional Information

|  |
| --- |
| 9.1 Do you have a criminal record, or have you ever had any children removed from your care? |
| **Yes/No***If yes, please explain* |
| 9.2 Are you related to, or do you know anyone who works for IAM? |
| **Yes/No***If yes, please explain* |
|  |

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# 10. References

Please provide the name and contact details of three professional referees, one of which must be your current work supervisor/employer. IAM will not approach these referees before informing you.
***Please note they must not be related to you.***

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| --- | --- | --- | --- |
| **JOB TITLE** | **NAME** | **ORGANISATION** | **CONTACT DETAILS** *(include work email & phone number)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signature: Date:

* Please return this form by close of business on **10 September 2024** to: noor.kbl.mahdi@iam-afghanistan.org or send a hard copy of your application and CV to the below address: *Darulaman Road, Sanatorium Station, NOOR Eye Care Training Centre.*
* Please write the title of the post you are applying for in the subject line.