**Annex 2.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INSTRUCTIONS  Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. | | | | | | | | **G:\Documents\GWP-MED\LOGOS_GWPMED and OTHERS\GWPMED_LOGOS\GWP-Med latest\GWP Medit_LATEST.jpg**  **CV TEMPATE** | | | | | | | | | | | PLEASE ATTACH A RECENT PHOTO | | | | |
| 1. Family Name | | | | | | | | | | First Name | | Middle name | | | | | |  | | | | | |
| 2. Date of Birth | Da | Mo | | | Yr | | | | | 3. Place of Birth | | 4. Nationality (ies) at birth | | | | | 5. Present nationality (ies) | | | | | 6. Sex | |
|  | | | | | 7. Marital status    Single Married Separated Widow Divorced | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Permanent address          Telephone No.  Fax No. | | | | | | | | | | 9. Present Address (if different)        Telephone No.  Fax No. | | | | | 10. Office Telephone No.  Office Fax No.  Office E-mail No. | | | | | | | | |
| 11. KNOWLEDGE OF LANGUAGES. (• Fluent: The capacity to achieve most communicative goals and express oneself on a familiar range of topics.  • Confident - The ability to communicate in a limited way in familiar situations and to deal in a general way with nonroutine information. • Basic - The ability to deal with simple, straightforward information)  What is your mother tongue? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | READ | | | | WRITE | | | | | | SPEAK | | | | | | | UNDERSTAND | | | |
| OTHER LANGUAGES (add rows if necessary) | | | Fluent | Confident | | Basic | Fluent | | Confident | | Basic | | Fluent | Confident | | Basic | | | | Fluent | Confident | | Basic |
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| 12. EDUCATIONAL. Give full details - N.B. Please give exact titles or degree directly translated from the original language. Add rows if necessary.  A. UNIVERSITY OR EQUIVALENT Please do not translate or equate to other degrees. | | | | | | | | | |
| NAME, PLACE AND COUNTRY | | | ATTENDED FROM/TO | | | DEGREES and ACADEMIC | | MAIN COURSE | |
|  | | | Mo./Year | Mo./Year | | DISTINCTIONS OBTAINED | | OF STUDY | |
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| 13. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS (add rows if necessary) | | | | | | | | | |
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| 14. PLEASE LIST ALL SIGNIFICANT AND RELEVANT PUBLISHED BOOKS, ARTICLES, JOURNALS AND REPORTS THAT YOU HAVE WRITTEN (Do not attach. Add rows if necessary) | | | | | | | | | |
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| 15. EMPLOYMENT RECORD: Starting with your present function, list in reverse order your major employments till today. Use a separate block for each FUNCTION. Duly complete all fields and indicate every employment including internships. In cases where you worked with one employer but held several positions, you must indicate every job title of each position held separately. If you need more space, add fields in section B below of the same size and content as under section A below.  A. PRESENT FUNCTION (LAST FUNCTION, IF NOT PRESENTLY IN EMPLOYMENT) | | | | | | | | | |
| FROM | TO | EXACT TITLE OF YOUR FUNCTION (functional title at this employer): | | | | | DUTY STATION | | |
| MONTH/YEAR | MONTH/YEAR |
|  |  |
| NAME OF EMPLOYER: | | | | | TYPE OF BUSINESS (such as, Consulting, Government, International  Organization, Non-Government Organization (NGO), Private  Sector, Self-Employed and Services etc.): | | | | |
| ADDRESS OF EMPLOYER: | | | | | NAME OF SUPERVISOR: | | | | |
|  | | | | | NO AND KIND (professionals administrative staff etc.) OF EMPLOYEES SUPERVISED BY YOU: | | | | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES (max 2500 characters) | | | | | | | | | |
|  | | | | | | | | | |
| DESCRIPTION OF YOUR ACHIEVEMENTS (max 3500 characters) | | | | | | | | | |
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B. PREVIOUS FUNCTION *(IN REVERSE ORDER)*

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| FROM | TO | EXACT TITLE OF YOUR FUNCTION (functional title at this employer): | | DUTY STATION | |
| MONTH/YEAR | MONTH/YEAR |
|  |  |
| NAME OF EMPLOYER: | | | TYPE OF BUSINESS (such as, Consulting, Government, International  Organization, Non-Government Organization (NGO), Private  Sector, Self-Employed and Services etc.): | | |
| ADDRESS OF EMPLOYER: | | | NAME OF SUPERVISOR: | | |
|  | | | NO AND KIND (professionals administrative staff etc.) OF EMPLOYEES SUPERVISED BY YOU: | | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES (max 2500 characters) | | | | | |
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| DESCRIPTION OF YOUR ACHIEVEMENTS (max 3500 characters) | | | | | |
|  | | | | | |
| FROM | TO | EXACT TITLE OF YOUR FUNCTION (functional title at this employer): | | DUTY STATION | |
| MONTH/YEAR | MONTH/YEAR |
|  |  |
| NAME OF EMPLOYER: | | | TYPE OF BUSINESS (such as, Consulting, Government, International  Organization, Non-Government Organization (NGO), Private  Sector, Self-Employed and Services etc.): | | |
| ADDRESS OF EMPLOYER: | | | NAME OF SUPERVISOR: | | |
|  | | | NO AND KIND (professionals administrative staff etc.) OF EMPLOYEES SUPERVISED BY YOU: | | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES (max 2500 characters) | | | | | |
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| DESCRIPTION OF YOUR ACHIEVEMENTS (max 3500 characters) | | | | | |
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| FROM | TO | EXACT TITLE OF YOUR FUNCTION (functional title at this employer): | | DUTY STATION | |
| MONTH/YEAR | MONTH/YEAR |
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| NAME OF EMPLOYER: | | | TYPE OF BUSINESS (such as, Consulting, Government, International  Organization, Non-Government Organization (NGO), Private  Sector, Self-Employed and Services etc.): | | |
| ADDRESS OF EMPLOYER: | | | NAME OF SUPERVISOR: | | |
|  | | | NO AND KIND (professionals administrative staff etc.) OF EMPLOYEES SUPERVISED BY YOU: | | REASON FOR LEAVING: |
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| DESCRIPTION OF YOUR ACHIEVEMENTS (max 3500 characters) | | | | | |
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| FROM | TO | EXACT TITLE OF YOUR FUNCTION (functional title at this employer): | | DUTY STATION | |
| MONTH/YEAR | MONTH/YEAR |
|  |  |
| NAME OF EMPLOYER: | | | TYPE OF BUSINESS (such as, Consulting, Government, International  Organization, Non-Government Organization (NGO), Private  Sector, Self-Employed and Services etc.): | | |
| ADDRESS OF EMPLOYER: | | | NAME OF SUPERVISOR: | | |
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| DESCRIPTION OF YOUR ACHIEVEMENTS (max 3500 characters) | | | | | |
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| FROM | TO | EXACT TITLE OF YOUR FUNCTION (functional title at this employer): | | DUTY STATION | |
| MONTH/YEAR | MONTH/YEAR |
|  |  |
| NAME OF EMPLOYER: | | | TYPE OF BUSINESS (such as, Consulting, Government, International  Organization, Non-Government Organization (NGO), Private  Sector, Self-Employed and Services etc.): | | |
| ADDRESS OF EMPLOYER: | | | NAME OF SUPERVISOR: | | |
|  | | | NO AND KIND (professionals administrative staff etc.) OF EMPLOYEES SUPERVISED BY YOU: | | REASON FOR LEAVING: |
| DESCRIPTION OF YOUR DUTIES (max 2500 characters) | | | | | |
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| DESCRIPTION OF YOUR ACHIEVEMENTS (max 3500 characters) | | | | | |
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| 16. DO YOU HAVE ANY OBJECTIONS TO OUR MAKING ENQUIRIES OF YOUR PRESENT EMPLOYER? YES NO    DO YOU HAVE ANY OBJECTIONS TO OUR MAKING ENQUIRIES OF YOUR PAST EMPLOYER(S)? YES NO | | |
| 17. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.  *Do not repeat names of supervisors listed in item 23.* | | |
| FULL NAME | FULL ADDRESS (including e-mail address and telephone number) | BUSINESS OR OCCUPATION |
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| 18. STATE ANY OTHER RELEVANT FACTS IN SUPPORT OF YOUR APPLICATION. INCLUDE ONLY INFORMATION THAT IS RELEVANT TO JOB YOUR ARE APPLYING FOR. | | |
| 19. HAVE YOU BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED FOR THE VIOLATION OF ANY LAW (excluding minor traffic violations)? YES NO  If "yes", give full particulars of each case in an attached statement. | | |
| 20. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the current CV form or other document requested by the Organization may result in my exclusion from the selection process, or the termination of the working relationship with GWP-Med, even if selected, without notice.  DATE: SIGNATURE: | | |
| NB. You will be requested to supply documentary evidence which support the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the original texts of references or testimonials. | | |