





IOM International Organization for Migration  
IOM Internationale Organisatie voor Migratie

### 3. COMPUTER SKILLS

Computer skills	Excellent	Good	Reasonable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. EDUCATION

Name and place of the institution	From	To	Certificates/ diplomas obtained
University	Month: Year:	Month: Year:	
Vocational education	Month: Year:	Month: Year:	
Internships	Month: Year:	Month: Year:	
High school	Month: Year:	Month: Year:	
Secondary school	Month: Year:	Month: Year:	

Please enclose copies of your diplomas

### 5. PRESENT OCCUPATION

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### 6. EMPLOYMENT RECORD (starting with your present or most recent job)

6.1 Organization/Company		Job title		Job description
Name				
Address				
Telephone	From M: Y:			
6.2 Organization/Company		Job title		Job description
Name				
Address				
Telephone	From M: Y:			



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6.3 Organization/Company		Job title	Job description
Name			
Address			
Telephone	From M: Y:	Until M: Y	

Please enclose your CV

### 7. FIELD OF EXPERTISE

Tick applicable boxes	Specialization
a. Health care <input type="checkbox"/>	_____
b. Education/Training <input type="checkbox"/>	_____
c. Administrative/Managerial <input type="checkbox"/>	_____
d. Finance <input type="checkbox"/>	_____
e. Information technology <input type="checkbox"/>	_____
f. Communication/Media <input type="checkbox"/>	_____
g. Social development <input type="checkbox"/>	_____
h. Other <input type="checkbox"/>	_____

### 8. PREFERRED ASSIGNMENT

Tick applicable boxes	
a. One field assignment <input type="checkbox"/>	
b. Repeated visits <input type="checkbox"/>	
c. Virtual transfer of knowledge through e-mail or on-line distance learning <input type="checkbox"/>	
d. Working fields: <input type="checkbox"/>	
1. Providing lectures, workshops or training courses <input type="checkbox"/>	
2. Performing medical treatment <input type="checkbox"/>	
3. Providing medical equipment, medical books or other facilities <input type="checkbox"/>	
4. Managerial or administrative support of health institution <input type="checkbox"/>	
5. Business development (e.g. establishing a health institution) <input type="checkbox"/>	
6. Other (please specify) _____ <input type="checkbox"/>	



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### 9. PREFERRED LENGTH OF ASSIGNMENT

Less than 1 month	<input type="checkbox"/>	1 or 2 months	<input type="checkbox"/>
Up to 6 months	<input type="checkbox"/>	More than 6 months	<input type="checkbox"/>

### 10. PREFERRED REGION(S) IN GHANA

Tick applicable boxes	
1. Greater Accra	<input type="checkbox"/>
2. Eastern	<input type="checkbox"/>
3. Western	<input type="checkbox"/>
4. Central	<input type="checkbox"/>
5. Volta	<input type="checkbox"/>
6. Ashanti	<input type="checkbox"/>
7. Brong Ahafo	<input type="checkbox"/>
8. Northern	<input type="checkbox"/>
9. Upper West	<input type="checkbox"/>
10. Upper East	<input type="checkbox"/>

### 11. AVAILABILITY

Immediately	<input type="checkbox"/>	Within 3 months	<input type="checkbox"/>
Within 1 year	<input type="checkbox"/>	Other (please specify)	_____

### 12. HOW DID YOU HEAR ABOUT THIS PROJECT

Tick applicable boxes	
a. Internet	<input type="checkbox"/>
b. Local media	<input type="checkbox"/>
c. Association/Network	<input type="checkbox"/>
d. Friends, relatives or colleagues	<input type="checkbox"/>
e. E-mail or letter from IOM	<input type="checkbox"/>
f. Other (please specify)	<input type="checkbox"/> _____



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I certify that the above statements are complete and correct to the best of my knowledge.

Date:

Signature:

All personal information provided in the application form will be treated as confidential and released only with your consent.

**If you have questions or would like to send this application with your CV and a letter of motivation via fax or postal mail, please contact the following IOM office:**

**IOM The Netherlands**

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2501 HT The Hague  
The Netherlands  
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