***CONFIDENTIAL***

**APPLICATION FORM**

Please complete by typing all five pages of this form in black ink.

Post applied for:

Where did you see this post advertised?

**Personal Details**

Surname:

First Names:

Address:

State of Origin:

Male/Female:

Religion:

Marital Status:

Date of Birth:

Telephone Nos:

Any specific disability? (Yes, No / Can’t tell):

Please specify the disability type:

Any close relation with any staff of AAN: ('If yes, please indicate the name of the staff and your relationship”).



Do not attach a CV, as only the information contained in this form will be considered during the selection process.

**Please return this form to:**

[Vacancy.Nigeria@actionaid.org](mailto:Vacancy.Nigeria@actionaid.org)

Contact telephone no(s) and convenient times for us to contact you:

**Email address:**

**IMPORTANT INFORMATION - GUIDANCE NOTES ON COMPLETING APPLICATION FORM**

###### COMPLETING THE FORM

Remember - make sure your application form is well presented to create a good impression.

1. Please type in black ink.
2. **Job Description and Person Specification** - read these carefully as they list the skills, knowledge, qualifications and experience required
3. The text boxes in the “career history” section are expandable. Take a copy of your completed form for your own reference
4. Education and Professional Qualifications – AAN is primarily interested in the highest educational level you have achieved, as well as whether you have basic numeracy and literacy skills in English, which is the language in which we work.
5. Please do not send in your CV unless specifically asked to. The application form is the only information used for the final short-listing.

###### RETURNING THE COMPLETED FORM

Your completed application form should be returned to the email address [Vacancy.Nigeria@actionaid.org](mailto:Vacancy.Nigeria@actionaid.org) and should arrive no later than the stated closing date. We are unable to consider late applications.

Only applicants who are short -listed will be contacted.

Please inform us if at any stage after submission of your form you decide not to proceed with your application.

**CONFIDENTIAL - Application Form – Monitoring and Evaluation Officer, Renewed Women’s Voices and Leadership (RWVL) Project – Lagos**

Please complete clearly and electronically and send as an attachment to [Vacancy.Nigeria@actionaid.org](mailto:Vacancy.Nigeria@actionaid.org). Vacancy closes on **9th April 2025**.

|  |  |  |
| --- | --- | --- |
| Date of Application: |  | |
| Position Applied for: | |  |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Names: |  |
|  |  |  |  |

(Ms/Miss/Mrs/Mr/Other)

Mrs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |  | | | |
| Post Code (If Applicable) |  | | | |
| Telephone no. | Home |  | Work (discretion will be used) |  |
| email address |  | | | |

**Qualifications / Training**

Schools, Colleges, University etc.: *If offered a post with ActionAid International, you may be required to provide evidence of your qualifications*

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | From | To | Qualification/results |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Other relevant training or short in-service courses:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **From** | **To** | **Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on a separate sheet if necessary)

**Employment**

Present or most recent employer: (if appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of employer |  | | | |
| Dates employed | From: |  | To: | Date |
| Employer’s Job Title: |  | | | |
| Your Job Title |  | | | |
| Summary of duties |  | | | |
| Current / most recent salary |  | | | |
| Reason for leaving |  | | | |
| Notice Required |  | | | |

**Other employment / experience** (most recent first)

Please include experience relevant to this post which you may have gained outside paid employment, including voluntary work

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s name & address** | **From** | **To** | **Position held and duties** | **Reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Further Information**

Tell us how your experience, skills, knowledge and qualities make you suitable for appointment to this post.

Please indicate your experience and what your actual role was in the following competency areas:

|  |
| --- |
| **COMPETENCY 1). Experience in monitoring and evaluation including feminist monitoring, evaluation and learning work (Give specific examples where applicable)** |
| **COMPETENCY 2) Experience implementing M&E systems and use of M&E participatory tools, approaches and methods (Give specific examples where applicable)** |
| **COMPETENCY 3) Experience in the use of DHIS, statistical software /or any other data management software (Give specific examples where applicable)** |
| **COMPETENCY 4) Experience in community-based work, working with partners and facilitating trainings (Give specific examples where applicable)** |
| **COMPETENCY 5) Experience in supporting proposal writing as well as writing reports (Give specific examples where applicable)** |

**References** (one should be your current or most recent employer)

In event of your being offered a position with ActionAid International Nigeria, we shall take up references **covering the full three years preceding your start with us.** Wherever possible, referees should be from the place(s) of employment, or education/training, or other establishments you have been attached to during this period. Please name at least two referees even if you have been at the same establishment for the past three years.

We do not approach referees before interview, and we obtain your permission prior to contacting them.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Job Title |  |  |
| Address |  |  |
| Post Code |  |  |
| Telephone no. |  |  |
| Email address |  |  |
| Relevant Dates of Employment with Reference |  |  |

I declare that, to the best of my knowledge, the information on this form is correct

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |