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**New Staff Entry Assessment Form.**

| **INSTRUCTIONS** Please answer each question clearly and completely.  **To tick ‘yes or no’ double click on the box and select check box on the dialog box and click OK** |  |
| --- | --- |

| **Surname** : | **Title** : |
| --- | --- |
| **Other names:** |  |
| **Address** | **Tel: (home)** |
|  | **Tel: (mobile)** |
|  | **Tel: (work)** |
|  | (Discretion will be used if we contact you at work) |
| **Do you require a work permit?** Yes***☐*** No***☐*** | **Fax/email** |
|  |  |

**References**

Please give the name and address of two referees. One should be your most recent work colleague.

| **Name** | **Name** |
| --- | --- |
| **Position** | **Position** |
| **Organization** | **Organization** |
| **Address** | **Address** |
| **Telephone** | **Telephone** |
| **Email** | **Email** |
| **May we contact this referee:**  Prior to your offer? Yes***☐*** No***☐*** | **May we contact this referee:**  Prior to your offer? Yes***☐*** No***☐*** |
| Prior to your interview? Yes***☐*** No***☐*** | Prior to your interview? Yes***☐*** No***☐*** |

# ***Service with Norwegian Aid might require assignment to any area of the world we have responsibilities.***

(a) Are there any limitations on your ability to perform in your prospective field of work? YES **☐**  NO **☐**

(b) Are there any limitations on your ability to engage in all travel? YES **☐**  NO **☐**

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*Do you have any dependent children? YES* **☐** *NO* **☐** *If the answer is “yes”, give the following information*:

| **Name of child** | **Date of Birth** |
| --- | --- |
|  |  |
|  |  |

**Languages – written and spoken**

|  |  | **Written**  **level of fluency** | **Spoken**  **level of fluency** |
| --- | --- | --- | --- |
| **1.** | English | Basic ***☐*** Advanced***☐*** | Basic ***☐*** Advanced***☐*** |
| **2.** | Kiswahili | Basic ***☐*** Advanced***☐*** | Basic ***☐*** Advanced***☐*** |
| **3.** | French | Basic ***☐*** Advanced***☐*** | Basic ***☐*** Advanced***☐*** |
| **4.** | Arabic | Basic ***☐*** Advanced***☐*** | Basic ***☐*** Advanced***☐*** |

1. Do you have a Certified Cognitive Evaluation Report (CCER) from an independent invigilator? YES **☐** NO **☐**
2. If yes, what was your total score ………………………….. ( Please fill below the Name & Contacts of the CCER Invigilators)
3. Name……………………… Telephone …..……………………………… email……………………………………………………………………..
4. If NO to (2) above, can you get certified within 2 working days from an approved CCER certification centre YES **☐** NO **☐**

If offered the position how soon can you commence your duties (please specify the date)………………………

HAVE YOU EVER 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 **☐**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

The information you provide on this form will only be used in accordance with the principles of Norwegian Aid’s confidentiality policy. If you are appointed, it will form the basis of your personal record.

| Full Names: | Date |
| --- | --- |