APPLICATION FORM

Paste your recent passport size photograph

1. Category of the TWEPSN's Membership Applied

   for: ……… ………………………………………….

2. Full Name of the Candidate:
   (In Capitals)   ALPHONCE POWERS

   ………………………………………………………………….................

3. Date of Birth: | 2 | 5 | | 0 | 3 | | 1 | 9 | 9 | 5 |
   Day   Month   Year

4. Gender: (Write '1' for Male, '2' for Female)   ☐

5. Marital Status: …………………………………..

6. Father's/Husband's Name: ………………………………………………………………………………

7. Current Address (in block letters): ………………………………………………………………….

   ……..

   ………………………………………………………….. P.O Box: …………………….

   Tel. No. : ……………………………………… Mobile: ……………………….................

   Email ID ……………………………………………………….................

8. Permanent Address (in block letters): ………………………………………………………………….

   ……..

   ………………………………………………………….. P.O Box: …………………….

   Tel. No. : ……………………………… Mobile: …………………………….................

Email ID ………………………………………………………………….................
9.   Nationality: ……………………………………..

10.   Do you have any disability? : (Write '1' for Yes, '2' for No)   ☐
          If Yes Specify:……………………………………………………………………

11.   Are you a member of any Disabled People's Organization?? : (Write '1' for Yes, '2' for No)   ☐

          If Yes Specify:……………………………………………………………………

12.	Academic and other qualifications				
College/University Name attended	Level	Dates (mm/yy)		Course/Subjects Attended	
		From	To		
Secondary school Name		From	To	Examinations (subjects)	
Primary school Name		From	To		
	Please continue on a separate sheet if necessary				

13.	Brief professional experience:

Office/Instt. Firm	Post held	Part time/ Contract Basis/ Ad-hoc/ regular/ Temp./pmt.	Exact dates to be given (indicate day, month & year)		Total Period (in years)			Scale of pay	Nature of duties
			From	To	Years	Months	Days		

14.	Any other information specify …………………………………………………………..

15.	Details of enclosures:	1) ……………………………………………....

	2) ……………………………………………....

	3) ……………………………………………....
	4)………………………………………………

I certify that I am over 18 years of age and eligible for membership in the category selected. I agree to abide by the Constitution and rules of **Tanzania Workability for Educated Persons with Special Needs** (TWEPSN). For a copy of the Constitution of TWEPSN consult TWEPSN Management through twepsn@gmail.com or 0759880971/0659806437

Date:	**Signature of candidate**

Place:	Address:

References (03 experts/persons):

1.	………………………………………………

2.	………………………………………………

3.	………………………………………………

NB: Submit your Curriculum Vitae (CV), Academic and Professional Certificates/Transcripts, Birth Certificate via twepsn@gmail.com