



CARITAS INSTITUTE OF HIGHER EDUCATION / CARITAS BIANCHI COLLEGE OF CAREERS

APPLICATION FORM FOR ACADEMIC/ADMINISTRATIVE POSTS

Notes for Applicants: <ol style="list-style-type: none">1. Do not send any originals of academic certificates and past employment references. Successful applicants will be required to produce original copies in due course. Applicants are however advised to attach photocopies to support their application.2. Applicants are requested to give the precise information required. Any applicant who knowingly gives false information or withholds any material information renders himself/herself liable to dismissal if he/she has been appointed to be the staff of the Institute/College.3. All information given in this form will be treated in STRICTEST CONFIDENCE.4. The completed application form should be returned to the Institute Secretary, Caritas Bianchi College of Careers / Caritas Institute of Higher Education, 18 Chui Ling Road, Tseung Kwan O, New Territories.
Post applied for
Department/Unit

I. Personal Particulars

Surname		Given Names	
Name in Chinese (if any)		*Title: Prof. Dr. Mr. Mrs. Miss Ms	
*Sex: Male Female		Religion (Optional)	
Date of Birth	Age	* Passport Hong Kong Identity Card No.	
Correspondence Address			
Permanent Address			
Office Telephone No.		Home Telephone No.	
Fax. No.	E-mail Address		Mobile Phone No.

*Delete whichever is inapplicable

II. Educational Background (in reverse chronological order)

Date (month/year)		School, Institute or University Attended	Full or Part Time	Qualifications Obtained (e.g. Certificate, Diploma, Degree, etc. In the case of degrees, specify classification, if any, and fields of study)	Date of Award
From	To				

III. Technical, Professional or Occupational Training (in reverse chronological order)

(including apprenticeship, articleship, correspondence courses, etc.)

Date (month/year)		Title, Description and Duration of Course/Training (Please also give the name of the training organisation)	Award Received (if any)
From	To		

IV. Professional Qualifications (in reverse chronological order)

Name of Professional Institution	Award (grade or class of membership of professional bodies)	Obtained by (e.g. examination/ election)	Date of Award

V. Full Employment Record to Date (in reverse chronological order)

Date (month/year)		Name & Address of Organisation & Nature of Business	Full or Part Time	Title of Position Held & Nature of Duties
From	To			

VI. Further Details on Present/Most Recent Employment

Basic Salary and other benefits (state last salary if presently unemployed):

Required length of notice of resignation to your present employer:

If appointed by the Institute/College, earliest date available (from date of acceptance of appointment):

VII. References

Please give the names and addresses of two persons, one of whom should be able to comment on your academic, and the other on your professional suitability for appointment. If you have changed employment during the last five years, the person to be invited to comment on your professional competence should be someone who has previously worked with you during the period but whose position should be more senior to yours. We will contact these referees once it has been decided to include you in the shortlist.

1. Name: _____
 Business Address: _____
 Tel No: _____ Fax No: _____ E-mail Address: _____
 Occupation: _____ Relationship to you: _____

2. Name: _____
 Business Address: _____
 Tel No: _____ Fax No: _____ E-mail Address: _____
 Occupation: _____ Relationship to you: _____

Name and address of your present employer. (If presently self-employed or unemployed, give those of your last employer). The Institute/College will write to your present employer for comments on your work performance and suitability for appointment once it has been decided to offer you the post applied for. **If you do not wish the Institute/College to approach your present employer without first obtaining your permission, please indicate that by a cross in the right box:**

Name: _____
 Business Address: _____
 Tel No: _____ Fax No: _____ E-mail Address: _____
 Occupation: _____ Relationship to you: _____

VIII. Other Information

Other relevant information (e.g. published writings, original research, other relevant activities and pursuits, etc.)

The personal data collected in this application form will be used by Caritas Institute of Higher Education and Caritas Bianchi College of Careers to assess your suitability to assume the job duties of the position for which you have applied and to determine preliminary remuneration and benefits package to be discussed with you subject to selection for the position.

Personal data requested on the application form are regarded as mandatory for selection purposes. Failure to provide these data may influence the processing and outcome of your application. It is our policy to retain the personal data of unsuccessful applicants for future recruitment purposes for a period of at least one year.

Under the Personal Data (Privacy) Ordinance, you have a right to request access to, and to request correction of, your personal data in relation to your application. If you wish to exercise these rights, please send your written request to the Institute Secretary, Caritas Bianchi College of Careers / Caritas Institute of Higher Education, 18 Chui Ling Road, Tseung Kwan O, New Territories.

IX. Declaration

Do you have any close relatives who are currently / previously employed by Caritas Institute of Higher Education and/or Caritas Bianchi College of Careers?

No

Yes (Please state their names, posts and relationship to you: _____)

I declare that the information given above is correct and complete to the best of my knowledge. I understand that if I knowingly supply false information or withhold any material information, Caritas Institute of Higher Education and/or Caritas Bianchi College of Careers shall have the right to rescind any verbal / written offer of appointment and I shall render myself liable to dismissal if I am eventually appointed by the Institution(s)

Date: _____ Signature: _____

For Official Use

1st Interview conducted by : _____ Date: _____

Result & Comments : _____

2nd Interview conducted by : _____ Date: _____

Result & Comments : _____

Declaration [to be completed by the Interview Panel(s)]

Do you have any prior knowledge of the candidate?

No

Yes (Please provide details:)

No

Yes (Please provide details:)

No

Yes (Please provide details:)

No

Yes (Please provide details:)

Signature
& Name in full:

Signature
& Name in full:

Signature
& Name in full:

Signature
& Name in full: