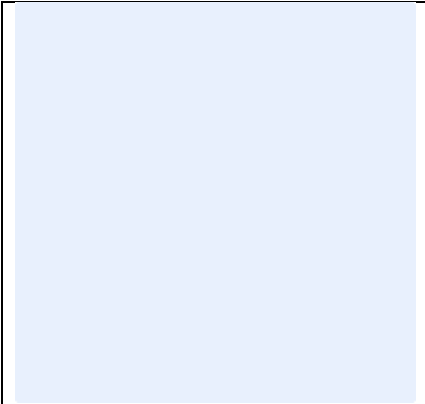


Depositor Compensation Scheme Investor Compensation Scheme

The Depositor and Compensation Schemes is an equal opportunity employer offering competitive working conditions and attractive learning opportunities

Reference No.:		Personal Photo:	
E.T.C. Permit No.:	396/2017	 <p style="text-align: center; font-size: small;">Submission of photograph is optional</p>	
MPO/			
Position Applied For:	Analyst (Grade 1) within the Depositor Compensation Scheme and Investor Compensation Scheme		

STANDARD APPLICATION FORM

[All the required fields shall be filled in electronically in English]

PERSONAL DATA

Surname:		First Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/ /
Nationality:		Contact No.:	
Address:		Passport No.:	
ID Card No.:	() or		
Email:			

PROFESSIONAL EXPERIENCE

Note: Starting with your present post, list in reverse order your previous employment.

Dates (dd/mm/yyyy)	From: / /	To: / /	Total:
Name & Address of Employer:			
Category of Work:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Type of Business or Sector:			
Occupation of Position Held:			
Main Activities & Responsibilities:			
Reason for Leaving (optional):			

Dates (dd/mm/yyyy)
 Name & Address of Employer:
 Category of Work:
 Type of Business or Sector:
 Occupation of Position Held:
 Main Activities & Responsibilities:
 Reason for Leaving (optional):

From:	/ /	To:	/ /	Total:	
Name & Address of Employer:					
Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>			
Type of Business or Sector:					
Occupation of Position Held:					
Main Activities & Responsibilities:					
Reason for Leaving (optional):					

Dates (dd/mm/yyyy)
 Name & Address of Employer:
 Category of Work:
 Type of Business or Sector:
 Occupation of Position Held:
 Main Activities & Responsibilities:
 Reason for Leaving (optional):

From:	/ /	To:	/ /	Total:	
Name & Address of Employer:					
Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>			
Type of Business or Sector:					
Occupation of Position Held:					
Main Activities & Responsibilities:					
Reason for Leaving (optional):					

EDUCATION AND TRAINING

University Education or Equivalent

Dates (dd/mm/yyyy)
 Name & Type of Institution
 providing Education & Training
 Principal Subjects/Occupational
 Skills Covered
 Degree or Diploma (including Final
 Classification)
 Title of Thesis

From:	/ /	To:	/ /	Total:	
Name & Type of Institution providing Education & Training					
Principal Subjects/Occupational Skills Covered					
Degree or Diploma (including Final Classification)					
Title of Thesis					

Post-Secondary Education

Dates (dd/mm/yyyy)
 Name & Type of Institution
 providing Education & Training
 Principal Subjects/Occupational
 Skills Covered
 Diplomas or Certificates Obtained

From:	/ /	To:	/ /	Total:	
Name & Type of Institution providing Education & Training					
Principal Subjects/Occupational Skills Covered					
Diploma:			Grades:		
'A' Levels:			Grades:		
Intermediates:			Grades:		

Secondary Education

Dates (dd/mm/yyyy)
 Name & Type of Institution
 providing Education & Training
 Principal Subjects/Occupational
 Skills Covered
 Certificates Obtained

From:	/ /	To:	/ /	Total:	
Name & Type of Institution providing Education & Training					
Principal Subjects/Occupational Skills Covered					
'O' Levels:			Grades:		

Other Education/Training Received

Dates (dd/mm/yyyy)

From:	/ /	To:	/ /	Total:	
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Name & Type of Institution
providing Education & Training
Principal Subjects/Occupational
Skills Covered
Post Graduate Degree/Diplomas or
Certificates Obtained

KNOWLEDGE OF LANGUAGES

Languages:	English	Maltese				
Reading Skills:						
Writing Skills:						
Verbal Skills:						

Please fill in with: Basic User/Independent User/Proficient User

SKILLS & COMPETENCES

IT Skills:*
Organisation Skills:*
Communication/Interpersonal Skills:*
Other Relevant Skills:*

ECDL	<input type="checkbox"/>

*Please provide brief details as applicable

REFERENCES

Please give us the name and contact details of at least two most recent professional references (persons not relatives, preferably your direct superiors) who may be contacted to provide references.

Please note that we may contact the listed persons only after your authorisation and in case of sending the job offer.

Name:			
Contact No.:			
Email:			
Relationship:			

MOTIVATION LETTER

Note: Please explain in **not more** than 500 words, why do you wish to join the Depositor and Investor Compensation Schemes and how can you contribute in this position.

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PREVIOUS APPLICATIONS

Have you ever applied for any other Depositor and Investor Compensation Schemes posts? If yes please indicate for which one and date.

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DECLARATIONS

1. Other than for traffic and similar minor contraventions, have you ever been investigated or are you being investigated for any offence or breach of rules by a:

- i. Public Authority, or
- ii. The Police, or
- iii. A public Regulatory Authority, or
- iv. The University or any other educational body

Yes No

If yes, please give full particulars:

2. Are you involved or likely to be involved in Civil or Criminal proceedings and Litigation either on a personal basis or as a director, controller or manager of a corporate body?

Yes No

If yes, please give full particulars:

3. I, the undersigned, further declare that:

- i. I undertake to submit any documents in support of the above statements and declarations as may be requested by the Authority.
- ii. I realise that any false statement or omission, even if unintended on my part, may lead to the cancellation of my application or may render my appointment liable to termination.
- iii. I am willing to undergo the prescribed medical examination prior to appointment and to provide a good conduct certificate.

In terms of the Data Protection Act, I hereby authorise the Depositor and Investor Compensation Schemes to retain this application for record and reference if necessary.

I, the undersigned, also declare that the information provided above is, to the best of my knowledge, true and complete.

Date: / /	Signature:
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This form duly completed and manually signed is to be submitted via email to **secretary@compensationschemes.org.mt** by not later than xx/xx/2017. This application can also be sent by post addressed to the Director of Human Resources, Malta Financial Services Authority, Notabile Road, Attard BKR3000 by not later than this closing date.

In addition you may also attach a CV with any **other details** that you may deem appropriate.

DO NOT ATTACH ANY OTHER SUPPORTING DOCUMENTS AT THIS STAGE