



## ACCIDENT COMPENSATION COMMISSION, FIJI

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### Application Form

Position Applied For: _____	
Title: _____	Surname/Family Name: _____
Given Name: _____	
Date of Birth: _____	
Gender information is gathered for statistical purpose only. Completion of this section is voluntary, the information will not be considered when assessing your application	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
Postal Address: _____ _____	
Residential Address: (If different than postal) _____ _____	
Email Address: _____	
Phone: _____	Phone Alternate: _____
Are you a Fijian Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Referees</b>	
<b>Referee Details</b>	<b>Contact Details</b>
Name: _____	Phone: _____
Organisation: _____	Email: _____
Position: _____	Relationship: _____
Name: _____	Phone: _____
Organisation: _____	Email: _____
Position: _____	Relationship: _____

Please ensure you attach your current Curriculum Vitae and a covering letter explaining your suitability for the role.

I certify the above details are true and correct and that I am a genuine applicant for the identified position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_