

APPLICATION FORM

EMPLOYMENT OF NURSES ON A CONTRACT BASIS FOR COVID-19 VACCINATION PROGRAMME IN THE  
MINISTRY OF HEALTH AND WELLNESS

1. Surname (*In block letters*) .....Mr/Mrs/Miss

2. Other Names (*In block letters*) .....

3. Maiden Name (*If applicable*):.....

4. Date of Birth: .....Age..... N.I.D. No. 

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5. Residential Address: .....  
*(In block letters)*  
.....

6. Phone Number: Home ..... Mobile .....

7. Academic and Professional Qualifications:  
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.....

8. Date of Registration as General Nurse with the Nursing Council .....

9. **EMPLOYMENT HISTORY**

(a) **Present Employment (*if applicable*)**

Post Held	Name of Employer	Date
.....	.....	.....

(b) **Previous Employment (*if applicable*)**

Post Held	Name of Employer	Date
.....	.....	.....

10. Have you ever been subject to criminal proceedings which have resulted in a convict?

Yes/No.....

11. I, ....., the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

Date: .....

.....  
Signature of Applicant

**Note: The originals of birth, educational, professional and registration certificates should not be submitted with applications but applicants should produce these, if and when called to do so.**