

APPLICATION FORM

EMPLOYMENT OF RETIRED MIDWIFE ON SESSIONAL BASIS
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)

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6. Phone Number: Home Mobile Email Address

7. Academic and Professional Qualifications:

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8. Date of Registration as Midwife with the Nursing Council

9. Grounds of Retirement: (i) Marriage / Special Case /Age/Age Limit
(Delete as appropriate)

(Tick as appropriate) (ii) Public interest

(iii) Medical ground

10. **EMPLOYMENT HISTORY**

(a) Present Employment *(if applicable)*

Post Held	Name of Employer	Date
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(b) Previous Employment

Post Held	Name of Employer	Date
.....

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

Yes/No

12. 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:

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Signature of Applicant