

APPLICATION FORM

EMPLOYMENT OF NURSES TO GIVE ASSISTANCE AT NURSING OFFICER LEVEL ON A MONTH-TO-MONTH BASIS 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 No.: Home Mobile: Email
- 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:

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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.