

APPLICATION FORM

EMPLOYMENT OF NURSES TO WORK ON SESSIONAL 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 |
|-----------|------------------|-------|
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10. Have you ever been subject to criminal proceedings which have resulted in a conviction?
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.