

APPLICATION FORM

EMPLOYMENT OF NURSING OFFICERS ON CONTRACTUAL 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:
(Photocopy to be attached)
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8. Date of Registration as General Nurse with the Nursing Council
(Copy of Registration Certificate to be attached)

EMPLOYMENT HISTORY

(a) Present Employment *(if applicable)*

Post Held	Name of Employer	Date
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(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 conviction?

Yes/No
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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.