

## 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. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--
5. Residential Address: .....  
*(In block letters)*
6. Phone No.: Home ..... Mobile: ..... Email .....
7. Academic and Professional Qualifications:  
*(Photocopy to be attached)*
- .....
- .....
8. Date of Registration as General Nurse with the Nursing Council .....  
*(Copy of Registration Certificate to be attached)*
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 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.**