



Serial N°:

APPLICATION FORM

Please write eligibly and no cancellation

1. SURNAME: _____
2. OTHER NAMES: _____
3. DATE OF BIRTH: _____ AGE _____ SEX: MALE FEMALE
4. PLACE OF BIRTH: _____ HOME TOWN: _____
5. RESIDENCE AND STREET NAME: _____
6. REGION: _____ LANGUAGES SPOKEN _____
7. GHANA POST GPS NO. (Eg. GA-059-3734): _____
8. NATIONALITY: _____ ZIP CODE: _____
9. FORM OF IDENTIFICATION: VOTERS ID NATIONAL ID PASSPORT
 DRIVERS LICENSE NHIS
10. ID NUMBER:
11. NURSE'S PIN #:
12. RELIGIOUS DENOMINATION: _____
13. QUALIFICATION: DEGREE NURSE DIPLOMA NURSE MIDWIFERY
 COMM. NURSE HEALTH CARE NURSE
14. SKILLS SET SUMMARY:

PARENT/GUARDIAN

15. PARENT'S/GUARDIAN'S NAME: _____
16. OCCUPATION: _____
17. ADDRESS: _____
18. TEL. NO. _____

19. MEDICAL HISTORY (Allergic to)

EMPLOYMENT HISTORY

20. PLACE OF EMPLOYMENT: _____

21. ADDRESS: _____

22. TEL. NUMBER: _____

23. DO YOU HAVE ANY CRIMINAL RECORDS? PLEASE TICK YES NO

IF YES EXPLAIN IN THE BOX BELOW

NB: BACKGROUND CHECK UP WILL BE DONE

GUARANTOR'S DETAILS

24. GUARANTOR'S NAME: _____

25. OCCUPATION: _____

26. ADDRESS: _____

27. TEL. NO. _____

GUARANTOR SHOULD BE OF A PROMINENT POSITION SUCH AS PASTOR, LAWYER, MEDICAL OFFICER, NURSING OFFICER, LECTURER, ETC.

MODE OF PAYMENT

MOBILE MONEY NUMBER:

ACCOUNT NUMBER:

ACCOUNT NAME:

BANK NAME:

RULES AND REGULATIONS

Employed Nurses should conform with no exceptions to the following rules:

1. Prompt payment of monthly commission.
2. Nurses should work in the jurisdiction of the organization's service requirement.
3. Nurses should put on the right attire when visiting a client.
4. Clients should not be forced to make payments and all complications should be reported back to the management.

5. Nurses are required to have all necessary equipment for the task/procedures ordered.
6. Nurses should arrive at the client's home and depart as agreed by the management, client and nurse.
7. Nurses should undertake the task/procedure ordered and any additional task/procedure requested by the client willfully should be reported to the management before undertaking.
8. Under no circumstance should a client be forced to undergo a procedure.
9. Nurses should provide only identification details provided by the organization to the client when requested.
10. Should a client refuse a procedure, the nurse should kindly thank patient and leave premises immediately.
11. Nurses should not enter client's premises without necessary approval.
12. Nurses should comport him/herself and perform procedures with care, precision and accuracy.
13. All information willfully given to the nurse should be kept in confidence and only disclosed when requested by management and the police service should the need arise.
14. The Nurse should be accompanied by person(s) authorized by management only when visiting client's residence.
15. Nurses should refrain from disclosing personal information, experiences or whatsoever to clients.
16. Nurses should always be friendly and welcoming towards clients.
17. Nurses should only charge the right price for the right service or procedure as provided by management.
18. Nurses are not allowed to prescribe medications and are to serve medications prescribed by a qualified pharmacist or medical doctor.
19. In cases where nurses are unsure of the right dose, route or time to give medications, do not serve.
- 20. Management will not be responsible for any malpractice or negligence by the nurse.**
21. If a nurse goes against these rules, he or she does so at his/her own risk.

DECLARATION

I _____ hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with MOBILE NURSE. I further authorize the above Organization to make e-payment, any sum due to me, as per Organizational rules, in the Bank Account or Mobile Money Number provided by me.

I also agree to the conditions and rules as pertains in the organization with regards to conduct.

SIGNATURE OF APPLICANT:

SIGNATURE OF GUARANTOR:

NAME: _____

NAME: _____

FOR OFFICE USE ONLY

Date Submitted: _____

Serial No.: _____

Criminal Report: _____

Vetting Results: _____

Officer's Remarks: _____

Date of Commencement: _____

Officer's Signature: _____

Date: _____