



Passport Picture

TRAINING BOND FORM

Please read the instructions below very carefully and fill the form accordingly (use block letters to complete this form (TriPLICATE) and attach a recent colour passport size photograph)

PERSONAL DETAILS

Employee N°:			Social Security Number:		
Title	Prof.	Dr.	Mr.	Mrs.	Miss Rev.
Surname:					
Other Name(s):					
Maiden Name		Sex: Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Date of Birth: / /		Place of Birth:		Country of Birth:	
Nationality:					
Phone N°:				Email:	
Permanent Postal Address:	P. O. Box		City / Town:		Region:
	Country:		Hometown:		

Appointment Details:

Current Grade	Date of 1 st Appointment:
Grade on 1 st Appointment:	Date of 1 st Appointment:
Profession:	Specialty:
Department / Unit	

COURSE DETAILS (If request is made as a result of acquisition of additional qualification, indicate the following information)

Qualification to be obtained							
Name of School							
Course Duration		Start Date			End Date		
Study Leave With Pay <input type="checkbox"/>	Leave Without Pay <input type="checkbox"/>	Full-time combined with job <input type="checkbox"/>	Sandwich <input type="checkbox"/>	Part-time (evening) <input type="checkbox"/>	Part-time (Week-end) <input type="checkbox"/>	Distance Learning <input type="checkbox"/>	

Mode of Attendance: (Indicate mode of attendance for additional qualification for which request is being made. Please attach approval letter)

Whereas for the better protection of the Employer's interests, the above Bondee has agreed to execute the bond and comply with the conditions set out hereunder: **NOW THE CONDITIONS OF THE ABOVE WRITTEN OBLIGATIONS** are that:

1. Every serving officer granted a course approval to pursue a course of study tenable in or outside Ghana is required to comply with the following rules:

a) To proceed to the recognized institution and begin the course of study for which the approval was granted and to continue with such studies for as long as prescribed unless he/she is prevented from so doing by sickness proved by a certificate from a recognized Medical Practitioner or by circumstances beyond his/her control recognized as such by the Authorized Officer or any other person in that behalf.

b) To devote his/her whole time to following the course of instruction for which the approval is granted unless permission to undertake other work or studies or to modify his/her course in content or duration is granted.

c) Not to engage in any occupation or activity that may be considered detrimental to his/her progress in the course of studies prescribed for him/her and/or detrimental to his/her health.

d) To satisfy the Employer as to attendance, conduct and progress by a report from the Head of the institution or such other approved person at the institution in which he/she is studying.

e) To comply with the scholarship conditions.

f) To sit for and pass any prescribed examinations or approved group of examinations within the time fixed by the authorities of the institution at which he/she is attending, unless he/she is prevented from so doing by sickness proved by a certificate from a recognized medical practitioner or by circumstances beyond his/her control recognized as such by the Authorized Officer or any other person in that behalf.

g) To complete the course within the stipulated period and resume duty.

h) On resumption of duty to continue in the service for a period as per the afore mentioned bond agreement.

i) The commencement date of the bond will be either the earliest date the employee reports to work station after completion of training; or the date the employee goes on annual leave immediately after completion of training.

j) All Bondees will be required to sign the following declaration in the presence of the Chief Executive and /or Head of Department, and Head of Human Resource Director or an officially designated officer.

k) An Officer under bond obligation who privately secures employment in any partially owned public institution or in the private sector will be required to redeem the bond in full.

2. The obligations contained in this agreement shall also be governed by the terms and conditions of employment in the Public/Health Service and will bind and be paramount to any subsequent terms of appointment unless his/her bond is first terminated by the Ministry of Health.

3. This Training Bond Form together with the Guidelines on Bonding Public/Health Service trainees shall constitute a formal agreement between the Bondee and the Cape Coast Teaching Hospital/Ministry of Health.

4. In the event that the Bondee shall breach any or all of the above conditions, the above written bond shall remain in full force and effect and the agreed bond amount shall be forthwith payable to the respective authorized officer on behalf of the Cape Coast Teaching Hospital/Ministry of Health, not as a penalty and in case of his/her failing to do so, by the Guarantors jointly or severally.

THE ABOVE WRITTEN OBLIGATIONS are conditioned to be void in case:

- i. The Bondee completes the period of obligatory service;
- ii. The Bondee or Guarantors fully redeems the bond;

- iii. The service of the Bondee is terminated by the employer;
- iv. The Bondee is declared permanently incapacitated by a certificate from a recognized medical practitioner; and
- v. The Bondee dies.

It should be noted that upon the lapse of the bond period, the Bondee and the Guarantors should notify in writing within 21 days.

BONDING FOR SPONSORED PROGRAMMES IN THE MINISTRY OF HEALTH

DURATION OF PROGRAMME	PROGRAMME	BONDED DURATION
1 year	(Post Basic) PHN, CCN, PON, MIDW, OPH, NSG. Post Basic (Kintampo)	3years
2 year	Cert. CHN, Cert. Programmes (Kintampo) SOH, (Tamale/ HO) Cert in Midw. Cert in HAC Cert. Optical Technician	4years
3 year	DIP RGN, RMN, MIDW, SRN, DIP Programmes (Kintampo) SOH(Accra), DIP. CHN, LAB TECH, RADIOLOGY TECHNICIAN	5years
4 year	BSC. MEDICAL LABORATORY, RADIOLOGY TECHNOLOGY	5years
4 year	BA.BSC. NURSING BSC MEDICAL LABORATORY/RADIOGRAPHY	5years
4 year	PHARMACY	6years
6 year	MEDICINE	7years
<1 year	EXTERNAL FELLOWSHIP	2years
1 year	EXTERNAL FELLOWSHIP	3years
2 year	EXTERNAL FELLOWSHIP	4years
>2 year	EXTERNAL FELLOWSHIP	6years
<1 year	LOCAL FELLOWSHIP	2years
1 year	LOCAL FELLOWSHIP	3years
1 year	LOCAL FELLOWSHIP (SANDWICH)	3years
2 year	LOCAL FELLOWSHIP	4years
3 year	LOCAL FELLOWSHIP (SANDWICH B.E)	5years
3year	RESIDENCY	5years

DECLARATION

I (Name of Bondee) Hereby declare that I have read the foregoing rules and conditions and agree to be sponsored by Cape Coast Teaching Hospital. I commit myself to serve Cape Coast Teaching Hospital for years, upon completion of the course.

Signature: Date:

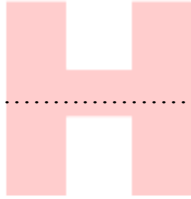
We (Bondee, 1st Guarantor and 2nd Guarantor) jointly and severally bind ourselves, executors and administrators to pay unto Cape Coast Teaching Hospital / MOH, Ghana (here in after called “the Employer”) on demand the entire cost of training including allowances/salaries received during the

training period with compound interest at the prevailing interest rate, on account of the Bondee defaulting to serve the bonded period of years.

GUARANTOR 1

1. Name (First surety full name) Designation:
..... Employee Number:..... Passport No:
Issue Date:..... Expiry Date: Mobile No:
E-mail: Organization.....
Address:..... Telephone No:

PHOTOGRAPH
OF 1ST
GUARANTOR

SIGNATURE.....


GUARANTOR 2

2. Name (First surety full name) Designation:
..... Employee Number:..... Passport No:
Issue Date:..... Expiry Date: Mobile No:
E-mail: Organization.....
Address:..... Telephone No:

PHOTOGRAPH
OF 2ND
GUARANTOR

SIGNATURE.....


WITNESS BY

Stamp.....

Name Signature: Date:

(Chief Executive Officer)

Cape Coast Teaching Hospital

