



**RECRUITMENT FORM (DOCTORS)**

**1. Personal Details**

<b>Position</b>	House Officer <input type="checkbox"/>	Senior House Officer <input type="checkbox"/>	Medical Officer <input type="checkbox"/>
<b>Employee N°:</b>	<b>Social Security Number:</b>		
<b>Professional Reg. No.</b>	<b>Valid:</b>	from / /	To / /
<b>Personal Details</b> (Please write names in full as in official records)			
<b>Surname:</b> .....	<b>Other Names</b> .....		
<b>Maiden Name</b> .....	<b>Sex:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Date of Birth:</b> / /	<b>Place of Birth:</b> .....	<b>Country of Birth:</b> .....	
<b>Nationality:</b> .....			
<b>Phone N°:</b>	<b>Email:</b>		
<b>Permanent Postal Address:</b>	P. O. Box .....		
	City / Town: .....	Region: .....	
	Country: .....	Hometown: .....	

(Please use name as in your official documents)

**2. Educational Background**

Give full details in chronological order. Give the exact name of the institution and title of degrees/certificates in the original language. **Exclude** primary/secondary school if you have a university degree or equivalent. Include courses and post-graduate studies in your professional or related field.

Qualification	Institution (name, place)	Main field(s) or subject(s) of study	From/to (month/year)
			From:
			To:
			From:
			To:
			From:
			To:
			From:

			To:
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**3. Previous Housemanship**

INDICATE WHETHER YOU ARE APPLYING FOR 1 <sup>ST</sup> YEAR OR 2 <sup>ND</sup> YEAR HOUSEMANSHIP			1st Year	2nd Year		
Discipline	Rotation (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , or 4 <sup>th</sup> )	Institution where you want to undertake the rotation	Start Date	End Date	Start Date	End Date
1)						
2)						
3)						
4)						

**4. Previous Housemanship Institution** (for candidates who have undertaken previous housemanship rotations elsewhere:

Name of Institution:				
Rotation	Start Date	End Date	Name of Supervisor	Supervisor's Telephone
Reason for Leaving: .....				

**5. Referees**

1. Name: .....

Address: .....

Occupation: .....

Period within which he has known you. .... Nature of relationship .....

Phone N°:		Email:	
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**6. Accommodation Information**

Source of Accommodation: Government  Private (Rented)  Private (Own)

**7. Declaration**

I certify that the information given on this form is correct.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: .....

**8. Medical Director (CCTH):**

Preliminary decision (Medical Director):  Accepted  Not Accepted  Not Decided

Reason .....

Name (Medical Director): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**9. Processed By Recruitment Officer**

Shortlisted: Yes  No

Proposed Date for Interview: \_\_\_\_\_

Name (Recruitment Officer): \_\_\_\_\_

Date of Assessment \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**10. Endorsed by (Head HR):** \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

