



Passport
Picture

**CAPE COAST TEACHING HOSPITAL
RECRUITMENT FORM**

Position

Professional Identification Number (mandatory for all candidates
Belonging to professionally regulated bodies)

1. Personal Details

Surname:

Other Name(s):

Previous Names

(Please use name as indicated in your official documents)

Sex: Male Female

NHIS N°:

Date and place of Birth: Date: / / Place of Birth

Personal address:

Phone N°: Email:

Nationality: Passport N°:

Place and date of issue: Expiry Date: / /

Person to notify in case of emergency:

Phone N°:

Marital Status: Single Married

Name of Spouse:

Number of Children:

Total:	Males:.....	Females:
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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.

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

3. Language Proficiency

Please tick appropriately to indicate your level of knowledge in the language(s) as indicated below. Apart from English, any other language must be stated by the applicant:

Language (additional languages apart from English must be stated)	(Speak)	Read	Write
English			
Other 2:			
Other 3:			
Other 4:			
Other 5:			
Other 6:			
Other 7:			

4. Current Employer (for candidates who are still in employment elsewhere at the time of application. Where candidate is out of job he/she should indicate the very last employer)

Name of employer:

Address of employer:

Phone n°: E-mail:

Type of organization:

<input type="checkbox"/> Government	<input type="checkbox"/> Private Enterprise	<input type="checkbox"/> Non-Governmental Organizations	<input type="checkbox"/> Others
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Your job title, personal responsibility and main components of present work: Reason for Leaving:
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5. Work History (give particulars of your employment since leaving school or college, including periods of apprenticeship, training, self employment etc.). Medical candidates should state clearly names and addresses of hospitals where they were trained as well as those in which they held housemanship appointments. Testimonials from those institutions must be attached.

No.	Duration of Service (Month & Year)	Name & Address of Employer	Job Title	Reason for Leaving
1.	From:			
	To:			
2.	From:			
	To:			
3.	From:			
	To:			
4.	From:			
	To:			
5.	From:			
	To:			

6. Referees

1. Name:

Address:

Occupation:

Period within which he has known you.

2. Name:

Address:

Occupation:

Period within which he has known you.

7. Declaration

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

Date: ____/____/____

Signature:

For HR Office Use Only:

Preliminary decision: Qualified Not Qualified Not Decided

Shortlisted: Yes No

Proposed Date for Interview: _____

Assessed by (Recruitment Officer): _____

Date of Assessment ____/____/____

Signature: _____

Endorsed by (Head HR): _____

Date: ____/____/____

Signature: _____