



**HUMAN RESOURCE DIRECTORATE  
CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)  
P. O. BOX AN 7316  
ACCRA - NORTH**

**APPLICATION FOR PERMANENT APPOINTMENT  
IN THE CHRISTIAN HEALTH ASSOCIATION OF GHANA  
(CHAG)**

GHC30.00

For Trainees from Ministry of Health and Ministry of Health Accredited  
Health Training Institutions



**APPLICATION FOR PERMANENT APPOINTMENT IN CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)**

I wish to apply for permanent appointment in Christian Health Association of Ghana (CHAG) (*indicate the grade you wish to be placed*)

.....having completed a course in

.....

From.....  
(Name of Institution attended)

Located in .....Region.



## Section A – Personal Data

1. Surname ..... Other names.....
  2. Maiden name(s) if change (Attached gazette) .....
  3. Date of birth (dd/mm/yy)..... Gender .....
  4. Permanent Postal Address .....
  - .....
  - Email .....
  5. Contact Number: Home ..... Mobile .....
  6. Father's Name ..... Occupation .....
  7. Mother's Name ..... Occupation .....
  8. Marital status .....
  9. Name of Next of Kin ..... Relationship .....
  10. Name of person to contact in case of emergency.....
  11. Relationship with contact person .....
- Contact Address .....

## Section B - Educational Background

Kindly indicate your educational history by starting from your last place of study.

Level	Name of School	Date started (dd/mm/yyyy)	Date completed (dd/mm/yyyy)

*(You are required to attached copies of certificates obtained)*



## Section C – Evident of Registration with Relevant Regulatory Body

*(For Nurses, CHNs, ENs, and Allied Health Officers)*

Name of Regulatory Body .....

Registration/PIN/AIN No.....Date Received .....

## Section D – Medical History

Do you have any physical disability? Yes  No

If yes specify .....

Do you have any medical condition that requires management? Yes  No

If yes specify .....

### Declaration and endorsement by applicant

I declare that the information I have provided in this application form is accurate and I hereby willingly offer myself to be considered for permanent appointment and posting to wherever my services will be needed.

.....  
Signature of applicant

.....  
Date

## Section E – Posting Preference

*(NB: Choice is subject to change based on availability of vacancy)*

REGION	First Choice	Second Choice	Third Choice
1. Greater Accra			
2. Volta			
3. Central			
4. Ashanti			
5. Brong Ahafo			
6. Eastern			
7. Northern			
8. Upper East			
9. Upper West			
10. Western			



## Section F – Medical Certification

(To be completed by a Medical Officer in any government / CHAG hospital)

I, Dr. ....hereby certify that  
having examined MR/MS/MRS.....who is applying for  
permanent appointment in the CHAG as .....  
..... on .....and found the following:

Chest X'ray Report .....	Vision .....
Blood Pressure .....	Hearing .....
Heart .....	Lungs.....
Stool.....	Urine.....
Haemoglobin .....	Sickling .....
Abdomen.....	Extremities.....

I consider therefore that he/she (please tick the appropriate box)

- a) Is medically fit for permanent appointment and posting to any part of Ghana
- b) Is medically fir for permanent appointment but has a health condition that requires special posting, support and management.

*(please provide detail information on the health condition in a sealed envelope with your rec. on the support required)*

- c) Is medically fit but not suitable for immediate posting   
*(please provide detail information in a sealed envelope on the reason(s) for deferred posting)*
- d) Is medically unfit for permanent appointment   
*(Please provide detail information on the above in a sealed envelope)*

.....  
Signature & Stamp of Doctor

.....  
Name of Health Facility

.....  
Date



## Addendum

### A. Attachments

- i. Registered General Nurses, Registered Midwives and auxiliary nurses are required to attach photocopies of their NMC result slips and PIN/AIN.
- ii. Other Diploma holders are required to attach photocopies of their school certificates/transcript, evidence of completion of National Service and evidence of registration with the appropriate regulatory body where applicable.
- iii. Other Certificate holders are to attach photocopies of their school certificates.
- iv. In all cases applicants must attach photocopies of their birth certificates.

### B. Programmes and their Corresponding Grades

S/N	Programme of Study	Corresponding Grade
1	Degree in Nursing	Nursing Officer
2	Degree/Advanced Dip. In. CM/COH	Physician Assistant
3	Diploma Community Medicine & Health	Medical Assistant
4	Diploma General Nursing, Psychiatry & Midwifery	Staff Nurse, Staff Nurse (Psy) & Staff Midwife
5	Diploma in Community Health Nursing	Staff Nurse (CHN)
6	Certificate in Community Health Nursing	Community Health Nurse
7	Certificate Health Assistant Clinical	Enrolled Nurse
8	Diploma in Disease Control, Health Information, Medical Laboratory etc.	Technical Officer (specialty)
9	Other Certificate Courses	Technical Assistant (specialty)