



+233 (0) 557748488/206855015

LOCATION: Near Wisconsin University, North Legon

DIGITAL ADDRESS: GE - 263 - 5781

CLIENT REGISTRATION FORM

Registration & Assessment Fee: GHC 400.00 –GHC 500.00 (Non Refundable)

APPLICANT INFORMATION (FAMILY MEMBER)

Title: Mr () Mrs () Miss () Other: specify ()

Name of Applicant:

Tel No:

Email (if any):

Residential Address:

Relation to Client:

CLIENTS (PERSON TO RECEIVE CARE) INFORMATION

Title: Mr () Mrs () Miss () Other: specify ()

Name of Client:

Date of Birth: Profession:

Marital status: (please tick) Single () Married () Widowed () Divorce ()

Tel No:

Email (if any):

Residential address:

Health Condition of Client:



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HOMECARE SERVICES

Preferred Gender of Care providers: Male () Female () Both ()

Shift Required: a. 24-hours live-in (care providers will live with client) ()

b. 12- hours live-out (care provider do not live with client) ()

How did you hear of us?

A. Through flyer []

B. Through the billboard []

C. Through the media; i.Website [] ii.Facebook [] iii.Television [] iv.Radio []

D. Through a friend []

i. Name:

ii. Contact:

iii. Address of contact:

Directions to Residence OR Provide Digital - Address

.....
.....
.....
.....

Name of Applicant:

Name of Homecare Coordinator:

Signature:

Signature:

Date:

Date:

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made thisday of..... between Imperial Nursing & Homecare Services and

Having undergone preliminary needs assessment, I hereby accept the contract with Imperial Nursing and Homecare Services on the terms and conditions.

WORKING DAYS (MONTHLY)

Weekly Shift

- Mon-Fri (20- 22 days) ()
- Mondays-Sundays (30- 31 days) ()
- Hospital care ()

Weekend shift

- Fridays - Sundays (3 days) ()
- Saturdays – Sundays (2 days) ()

Meals

Nurse on duty is supposed to be provided with food: Please select preferred option under preferred shift.

A. Meal for live-in 24hrs shift

1. Two Hot Meals to be provided by family, 2 times daily. ()
2. Family would provide food stuff to the nurse to prepare his/her own food ()
3. Family will provide weekly food allowance (cash, Ghc 30.00 per day) for nurse to buy his /her own food (Ghc 210.00 for 7 days) []

B. Meal for live-out 12hrs shift

1. Nurse must be provide with 1 hot meal (Lunch) per day ()
2. Family would provide food stuff to the nurse to prepare his/her own lunch ()
3. Family will provide weekly food allowance (cash, Ghc 15.00 per day) for nurse to buy his /her own lunch []

CONCLUSION

- This agreement is subjected to annual review by both parties.
- The client may terminate this agreement at any time by giving a notice in writing or phone call to the **CEO (0202022562)** at least **one (1) month** in advance. Failure to do so will attract 50% of your monthly bill.
- The agency on the other hand will replace nurses at most **three (3) times** per the request of the client to change his / her nurse.
- Kindly note that you cannot engage the services of our nurses privately.
- This memorandum of understanding constitutes the entire understanding of the parties, and any change shall be in writing and sign by both parties. Memorandum of understanding has been executed by each of the parties as of the date first written above.

SIGNATORIES

- Agreed and sign on behalf of
Client

Name:

Sign:.....

Date:.....

- Agreed and sign on behalf of
Nurse

Name of Nurse:.....

Sign:.....

Date:.....

- Agreed and sign on behalf of
Imperial Nursing & Homecare Services

Name:

Sign:.....

Date:.....

CHECK LIST

Items to be made available by the client.

To facilitate the monitoring of the client's progress, the family of the client, is to provide these items and make them available. Kindly tick, if the under listed items are available and state its condition (**Good, Fairly Good or Old**)

Stethoscope & Sphygmomanometer [] Glucometer []

Thermometer [] Glucose strips []

Pulse Oxymeter [] Cotton swaps []

Lancets or needles []

Disposable gloves [] Mackintosh / Draw sheet [] Sanitizer []

Other apparatus/ items owned by the client

PAYMENT OPTIONS

1. Payment period: a. Weekly [] b. Bi-weekly [] c. Monthly []

2. Mode of payment (within Ghana):

a. Cash [] b. Cheque []

b. Bank Details

Bank Name: **Ecobank**

Branch Name: **Haatso**

Account Number: **1441002535339**

Account Name: **Imperial Nursing & Homecare Services**

c. Mobile Money Details

Merchant Name: **Imperial Nursing & Homecare Services**

Merchant Number: **0597395035**

d. Oversea Money Transfer System (Outside Ghana)

1. ITC TRANS WAVE []

2. WORLD REMIT []



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SIGNATORIES

NAME OF CLIENT'S NURSE.....

SIGNATURE.....DATE.....

Agreed and signed on behalf of

CLIENT

NAME

SIGNATURE.....

DATE.....

Agreed and signed on behalf of

IMPERIAL NURSING & HOMECARE SERVICES

NAME.....

SIGNATURE

DATE.....