



+233 (0) 557748488/206855015

LOCATION: Near Wisconsin University, North Legon

DIGITAL ADDRESS: GE - 263 - 5781

## NURSE APPLICATION FORM (GHC100.00)

Name: ..... Date of Birth: .....

Language Spoken: .....

Residence/Location: .....

Who do you live with: .....

Digital Address: .....

Religion: ..... Telephone Number: .....

Marital Status: a. Single [ ] b. Married [ ]

If single how soon are you getting married?

A. 6months time [ ] B. 1 year time [ ] C. 2 years' time [ ] D. 3 years' & above [ ]

Do you have children?

a. Yes [ ] b. No [ ]

If yes, what is/are their ages? .....

Do you have any of the following conditions?

1. Sick cell anemia a. Yes [ ] b. No [ ] 2. Hypertension/BP Yes [ ] b. No [ ] 3. Persistence cough a. Yes [ ] b. No [ ]

4. Spin problem/Back pains b. Yes [ ] b. No [ ] 5. Eye problem a. Yes [ ] b. No [ ] 6. Hearing impairment a. Yes [ ] b. No [ ]

7. Problem lifting weight

a. Yes [ ] b. No [ ]

8. Any Allergies a. Yes [ ] b. No [ ] if Yes, state them, .....

Why do you want to work with Imperial Nursing & Homecare Services?

.....

.....



**+233 (0) 557748488/206855015**

**LOCATION: Near Wisconsin University, North Legon**

**DIGITAL ADDRESS: GE - 263 - 5781**

Preference: (You can tick more than one)

- a. Live In: 24 hours [ ]
- b. Live out: 12 hours [ ]
- c. Live out: 8 hours [ ]

How long do you intend to work with Imperial Nursing & Homecare Services?

- a. 1 month- 3months [ ]
- b. 4 months- 6 months [ ]
- c. 7months – 12 months [ ]
- d. 2 years [ ]

Are you currently engaged in any work? a. Yes [ ] b. No [ ]

If Yes, where? .....

Mode of Payment

- a. Mobile money [ ] Number ..... Network.....

Account Name: .....

- b. Bank Account [ ]

Account Name: ..... Account Number: .....

Bank: ..... Branch: .....

How soon can you start work?

.....

Future Plans: .....

.....

Please tick your preferred option.

Do you have a SSNIT number?

- Yes [ ]
- No [ ]

If Yes, SSNIT number .....

**Mode of payment for Registration Fee of GHC 100.00**

- A. Pay before offer letter [ ]
- B. Deduct from first salary [ ]



**+233 (0) 557748488/206855015**

**LOCATION: Near Wisconsin University, North Legon**

**DIGITAL ADDRESS: GE - 263 - 5781**

How did you hear of us?

A. Through the media [ ]      i. Website [ ]    ii. Facebook [ ]    iii. Whatsapp [ ]    iv. Instagram [ ]

B. Through someone [ ]

Name: .....

Contact: .....

Address / Location of the person: .....

Have you done homecare before? Yes / No

- Privately (one-on-one) or with an Agency? .....

If it's with an Agency, please provide the following:

- Name & Location of Agency .....
- Contact (of the agency's nurse manager / any relative of the client) .....

If it's privately, please provide the following:

- Name & Location of the client .....
- Contact (of the client or any relative of the client) .....

What is your salary expectation?

i. Bi- Weekly (2 weeks): .....

ii. Monthly: .....

How many days can you work?

i. In a Week: .....

ii. For 2 weeks (Bi- Weekly): .....

iii. In a Month: .....

### **Job Description for Home Care Nurse**

- Daily check client's vital signs (blood pressure, pulse, respiration, temperature), to assess health progress and report any changes in health status to the family.
- Perform / Assist client with their daily personal hygiene including (bathing, toileting, shaving, hair care, face wash and grooming)
- Give pain relieving measures such as back rub, joint massage etc. as and when client needs it. Items for such task can be obtained from client or clients relatives.
- Perform job responsibilities that will ensure the comfort of client and the nurse such as changing of bed linens, changing positions on routine basis.
- Accompany clients to his /her doctor's appointments / visits
- Observe client's general, emotional, spiritual and mental wellbeing and assist in assessment for quality care to help client's wellbeing.
- Wash client's clothes and beddings.
- Encourage clients to partake in range of motion exercises such as walking, arm movement or movement of body joints.
- Engage client's in Relieving therapy such as watching TV, having conversations with the client, playing games (ludo, oware), listening to radio etc.
- Perform basic housekeeping duties (cleaning) in the client's apartment only

NB: the apartment may consist of;

- His/ her bedroom
- Living room & Bathroom
- Porch where he/she sits to relax.
- Perform any job responsibility that will make both the client and the nurse comfortable, such as warming of food, cooking simple meals only for both the client and the nurse, if there **is no body to do the cooking**

**NOTE:** You are to at least have in your possession three (3) scrubs when working. A scrub will be given to you by the company upon your appointment, for which you have to decide below your mode of payment. The price for a scrub is GHC 50.00.

### **MODE OF PAYMENT FOR SCRUB (TICK)**

- C. Pay before offer letter [  ]
- D. Deduct from first salary [  ]



**IMPERIAL  
NURSING  
& HOMECARE  
SERVICES**  
"We bring compassion to your loved ones"

**+233 (0) 557748488/206855015**

**LOCATION: Near Wisconsin University, North Legon**

**DIGITAL ADDRESS: GE - 263 - 5781**

**NB:** Guarantors should be only family members (either, your parents, siblings, or guardians – people you live with)

**1. Name of Guarantor:** .....

**Relation to Guarantor:** .....

**Telephone no. of Guarantor:** .....

**FEEDBACK**

**2. Name of Guarantor:** .....

**Relation to Guarantor:** .....

**Telephone no. of Guarantor:** .....

**FEEDBACK**



**IMPERIAL  
NURSING  
& HOMECARE  
SERVICES**

"We bring compassion to your loved ones"

**+233 (0) 557748488/206855015**

**LOCATION: Near Wisconsin University, North Legon**

**DIGITAL ADDRESS: GE - 263 - 5781**

**Nurse's Name:** .....

**Signature:** ..... **Date:** .....

FOR OFFICIAL USE ONLY

**Administrator:** .....

**Signature:** ..... **Date:** .....