

OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL

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NURSING STAFF APPLICATION FORM

Ref: HR/NUR/001 | Rev: Jan 2025

Please complete all sections in BLOCK CAPITALS. Attach certified copies of all certificates and credentials.

PERSONAL INFORMATION

Surname	Other Names
<input type="text"/>	<input type="text"/>
Date of Birth	Gender
<input type="text"/>	<input type="text"/>
Phone Number	Email Address
<input type="text"/>	<input type="text"/>
Residential Address	
<input type="text"/>	
State of Origin	LGA
<input type="text"/>	<input type="text"/>
Next of Kin	Next of Kin Phone
<input type="text"/>	<input type="text"/>

NURSING QUALIFICATIONS

Basic Nursing Qualification	Year Obtained
<input type="text"/>	<input type="text"/>
Training Institution	Country
<input type="text"/>	<input type="text"/>
Midwifery Qualification (if any)	Year Obtained
<input type="text"/>	<input type="text"/>
Post-Basic Specialty	Year Obtained
<input type="text"/>	<input type="text"/>
NMCN Registration No.	Registration Date
<input type="text"/>	<input type="text"/>
Other Certifications / Courses	
<input type="text"/>	

EMPLOYMENT HISTORY

Current / Most Recent Employer	
<input type="text"/>	
Ward / Unit	Designation
<input type="text"/>	<input type="text"/>
Date Commenced	Date Ended
<input type="text"/>	<input type="text"/>
Duties and Responsibilities	
<input type="text"/>	

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POSITION APPLIED FOR

Ward / Unit / Specialty of Interest

Grade Applied For

Preferred Start Date

Additional Information / Supporting Statement

DECLARATION

I hereby certify that the information provided in this form is true, complete and correct to the best of my knowledge.
I understand that any misrepresentation may result in disqualification or termination of employment.

Applicant's Signature

Date (DD/MM/YYYY)