**LEKUMA MEMBERSHIP APPLICATION FORM FOR HEALTH CARE WORKERS REQUIRING FACILITATION OF JOB PLACEMENT NATIONALLY & INTERNATIONALLY**

**PART 01 : BIODATA**

Given Names : ………………………………………………………………………………….Surname : ……………………………………………………….

Gender : ………………………………………. Marital Status: ………………………….. Number of Children…………………

Date of Birth ( Day/Month/Year): …………………………………Place of Birth ……………………………….. Age (in Years) ………..

Religion …………………………………………………… Contact Address: ………………………………………………………………………………

Country………………………. Town………………………………Division……………………Region: ……………… P.O Box ………………………

Tel/Fax…………………………………………Cell Phone……………………………………………………..Whatsapp No:……………………………………

Email: ………………………………………………………………………. Google Account ……………………………………………………………………..

Facebook Name: ……………………………………………………………… Website (if any)………………………………………………………………….

Twitter Account: ………………………………….Instagram Account ………………………………... Linkedin Account…………………….

Tax Payer’s Number ( If any) …………………………………………………….. CNPS Number (If any)………………………………………………

**PART 02 : PROFESSIONAL TRAINING PROFILE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schools Attended** | **From**  **(Entry year)** | **TO**  **(Exit Year)** | **Duration** | **Certificate Obtained** |
|  |  |  |  |  |
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|  |  |  |  |  |

**Exact Professional Qualification/Certificate Obtained**

**I………………………………………………………… II………………………………………………………. III……………………………………………………**

**Specialties Majoring in ……………………………………………………………Minors ……………………………………………………………………**

**Licensures**

**Name of Professional Licensing Agency/Board ………………………………………………………………………………………………………**

**License Number…………………………Date of Licensure…………………………Status of License( Current /Expired) …………………**

**PART 03: PROFESSIONAL WORK EXPERIENCE (IF ANY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of institution** | **Date of engagement** | **Date of disengagement** | **Reason for disengagement** | **Position held** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Brief Job Description: ……………………………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………………………………………………**

**PART 04 : GRADUATE PROFESSIONAL EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **Name of Health Institution** | **Unit/Ward** | **Duration** |
|  |  |  |
|  |  |  |
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**Specific Areas of Practical Competence Acquired ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**Specific Talents candidate have to fulfil for Job Qualification …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**Areas of Skill competence that the Candidate lacks …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**PART 05 : COMMUNICATION/IT SKILL**

**a) Language of Communication (*Please underline option*)**

|  |  |
| --- | --- |
| **English** | **French** |
| **Degree of Speaking:** Fair/Good/Very Good/Excellent | **Degree of Speaking :** Fair/Good/Very Good/Excellent |
| **Degree of Writing :**Fair/Good/Very Good/Excellent | **Degree of Writing:** Fair/Good/Very Good/Excellent |

**b) Information Technology (IT)/ Social media Operating Handlers ( Indicate the IT/Social Media tool you are versed with that will facilitate work output)**

**Microsoft Word ………… Microsoft Publisher…………Microsoft Excel …………Microsoft Power Point…………………..**

**WhatsApp application………………. Twitter application…………………. Instagram application……………………………**

**Link in application……………….Tik tok application…………….. Other applications……………………………………………….**

**PART 06 : CONDITIONS TO JOIN LEKUMA HEALTHCARE AGENCY COMPANY LIMITED**

1. **I hereby agree to have a criminal record Check, if need be: Yes ……….. No………………**
2. **I hereby give permission for my CV, References and personal details to be Checked: Yes……. No**
3. **I will abide by the Polices of LEKUMA Health care Agency & the Hospitals/Organizations I will be recommended to.**
4. **I perfectly understand that LEKUMA is linking me up with a Hospital/organization requesting my services as a Job seeking member of the Company.**
5. **I agree that I shall pay a Job Seeking Membership Registration Fee as determined by LEKUMA Health care Agency only once ,in which a membership card shall be issued for me.**
6. **I agree that LEKUMA Healthcare Agency shall recommend a re-training on a Specific Job skill for me in a third-party institution as the need might arise and I shall bear the cost of such skill acquisition.**
7. **I agree that my membership privilege of Job referral shall expired when I secure a Job and shall only be**

**re-instated with a new Registration Payment if I Seek a new Job referral from LEKUMA Health care Agency.**

**PART 07 : JOB SEEKER UNDERTAKING**

**I, the undersigned, hereby attest that the information provided in the above form are correct to the best of my knowledge. I shall be responsible for any decision taken by the Management of LEKUMA Health Agency Company Limited, if the information/s provided are found contrary .**

**Job Seeker’s Signature ………………………………………………………………. Date……………………………………………..**

FOR OFFICIAL USE

Designated Membership Category: ………………………………………………………….

Official Date of Membership Acceptance: ……………………………………………….

Approved Membership Number: ….………………………………………………………..

Approved by: ……………………………………………Signature /Seal……………………….

(CEO OR MD)