



Please attach  
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## Recruitment of Nurses & Health Carers Application Form

Onas Consult in partnership with **Plus Recruitment Limited**, a recruitment company based in the United Kingdom.

<b>Section 1 – Personal Details</b>					
Title:	First Name:	Surname:			
Middle Name:	Other Names:	Marital Status:			
Date of Birth:	Employment: Yes      No	Employer:			
Address:	Country:	Occupation:			
WhatsApp/Contact Number:	Email Address:	Region/state:			
<b>Section 2 – Other Details</b>					
Are you currently licensed to practice as a Registered Nurse in your country of residence?	Yes		No		If yes, what YEAR did you qualify as a Nurse <b>YEAR:</b>
					Current experience/job:
What opportunity are you applying for (tick the appropriate option)	<b>Registered Nurse</b>			<b>Health Care Worker</b>	
<b>Section 3 - CBT TEST STATUS</b>					
As part of the NMC process, you will have to take the Computer Based Test to access your clinical knowledge. Onas Consult will provide you with resources and mock exams to help you prepare.					

Have you had the <b>CBT</b> Test? (Tick either <b>yes</b> or <b>no</b> )	<b>Yes</b>		<b>No</b>		If yes, state date (in the format <b>MM-DD-YYY</b> ):
Have you had the <b>IELTS</b> exams/test? (Tick either <b>yes</b> or <b>no</b> )	<b>Yes</b>		<b>No</b>		If yes, state the date of expiration if applicable (in the format <b>MM-DD-YYY</b> )
Do you want to migrate with your dependents?	<b>Yes</b>		<b>No</b>		How many Dependents
Do you have a valid driving licence in your Home Country?	<b>Yes</b>		<b>No</b>		

### Declaration

NB. Statement to be signed by the Applicant.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered:

I agree that Onas Consult can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Law of Ghana. I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, my application will be withdrawn without refund.

Applicant

Onas Consult

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date