

COMMUNITY HEALTH OFFICERS TRAINING INSTITUTION

UNIVERSITY OF ILORIN TEACHING HOSPITAL
P.M.B 1459, ILORIN, KWARA STATE.



*Affix recent
Passport
Photograph*

2015 Session

PART 'A' TO BE COMPLETED BY THE CANDIDATE

1. NAME IN FULL.....
(Surname First)
2. SEX.....MARITAL STATUS.....MAIDEN NAME.....
3. DATE OF BIRTH.....STATE OF ORIGIN/TOWN.....
4. CONTACT ADDRESS.....
.....TELEPHONE NO.....
5. NAME, ADDRESS, RELATIONSHIP & TELEPHONE NO OF NEXT OF KIN
.....
.....
6. EDUCATION:

HIGHEST EDUCATIONAL QUALIFICATION OBTAINED	DATE(S)
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SCHOOLS ATTENDED	Dates		QUALIFICATION OBTAINED
	From	To	
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7. PROFESSIONAL QUALIFICATION

PROFESSIONAL QUALIFICATION (S) OBTAINED	DATES (S)
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8. PROFESSIONAL TRAINING INSTITUTIONS ATTENDED

PROFESSIONAL TRAINING INSTITUTIONS ATTENDED	DATES (S)
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9. ABRIDGEMENT TRAINING INSTITUTION

ABRIDGEMENT TRAINING INSTITUTION	DATES (S)
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10. WORKING EXPERIENCE:

a. PRESENT EMPLOYER:

(i) DATE OF FIRST APPOINTMENT (Present):.....

(ii) NUMBER OF YEARS WITH YOUR PRESENT EMPLOYER:.....

(iii) LIST PRINCIPAL RESPONSIBILITIES (In present Employment with dates):

1.
2.
3.
4.

(iv) DATE OF LAST PROMOTION:.....

(v) POST PROMOTED

TO:.....

b) NAME OF PREVIOUS EMPLOYER:.....

.....DATE:.....

i) POST AT FIRST APPOINTMENT (Previous)

ii) DATE OF FIRST APPOINTMENT (Previous):.....

c) DECLARATION:

I DECLARE THAT THE ABOVE INFORMATION ARE CORRECT:

.....

.....

Signature

.....

Date

i) CERTIFICATES ATTACHED (Photo-copies)

.....

PART 'B' TO BE COMPLETED BY EMPLOYER/SPONSORING AGENT
(PLEASE DELETE IN APPROPRIATE ITEMS)

NAME OF THE SPONSORING AGENT:.....

- a) This is to certify that to the best of my knowledge the information by the Candidate (s) above is correct/not correct.
- b) I do recommend/Not recommend the candidate(s) as:
 - i. Very suitable for CHO Course
 - ii. Suitable for CHO Course
 - iii. Unsuitable for the Course
- c) I do confirm that my organization:

.....
.....
(Please indicate Name of Organization)

Is prepared to sponsor the candidate(s) if offered admission on the course and will pay the recommended amount to enable him/her do the course:.....
.....

- d) For how long has the applicant been in your employment:.....
.....
- e) Nature of assignment of the applicant within the last two years:.....
.....
- f) After the completion of CHO training Programme, please indicate nature of assignment with your health care delivery system:.....
.....
.....
- g) A photo-copy of the letter of last promotion must be attached.
- h) Any other comment(s) that will assist the admission committee in its decision about the application(s):.....
.....
.....

i) Officer completing part (B) of Application Form:

- (i) Full Name of Officer completing this part (B)
.....
- (ii) Address:.....
.....
- (iii) Official position of the Officer:.....
.....
- (iv) Signature Date:.....

PART 'C' FOR OFFICE USE ONLY

DATE OF RECEIPT OF APPLICATION _____

PHOTOSTAT CERTIFICATE(S) RECEIVED _____ DATE: _____

ACKNOWLEDGEMENT SENT _____ DATE: _____