

HEALTH PROFESSIONAL EMPLOYMENT

PART A: PERSONAL DETAILS

1	First Name	
2	Surname / Family Name	
3	Telephone number	
4	Second Telephone number	
5	Email address	
6	Gender (Male / Female)	
7	Date of Birth	
8	Are you currently employed? (If no, go to Part B)	
9	Name of employer	
10	Place of employment	
11	Current base salary	

PART B: OFFICER TYPE

	Y/N	Board Registration (Y/N)	Current Licence (Y/N)	Expiry Date (MM/YYYY)
Qualification (please tick)				
Community Health Worker				
Registered Nurse				
Mid-Wife				
Health Extension Officer				

PART C: EDUCATION

Level of Education	Name of School/College/Uni	Qualification	Year Completed
High School			
Certificate			
Diploma			
Bachelor Degree			

PART D: WORK EXPERIENCE

Organisation	From (MM YYYY)	To (MM YYYY)	Position	Reason for Leaving

PART E: WORK LOCATIONS

Please indicate the provinces where you are willing to work:

Province	Yes/No
Bougainville	
Central/NCD	
Chimbu (Simbu)	
Eastern Highlands	
East New Britain	
East Sepik	
Enga	
Gulf	
Jiwaka	
Madang	
Manus	

Province	Yes/No
Milne Bay	
Morobe	
New Ireland	
Oro	
Southern Highlands	
Western	
Tari	
Western	
Western Highlands	
West New Britain	
West Sepik (Sandaun)	

PART F: QUESTIONS

Why is family planning important?

Why did you become a nurse/CHW/mid-wife/HEO?

What do you enjoy most about your profession

PART G: DECLARATION

I hereby declare that the information I have provided above is accurate.

Signature

Date