



## Initial Enquiry Application Form

Unjani Clinic Network INITIAL ENQUIRY APPLICATION FORM			
<b>Name</b>		<b>Surname</b>	
<b>Contact #</b>		<b>Cell #</b>	
<b>Physical Address</b>		<b>Postal Address</b>	
<b>ID Number</b>		<b>E-mail address:</b>	

Where did you find out about this opportunity?	Please tick the correct option below: ✓		
Word of Mouth		Nurse currently in the Unjani Clinic Network	
IHS Website		Other (please detail)	
Publication			

LOCATION OF CLINIC & NEED?	
<b>Where would you want the Clinic to be located?</b>	
<b>Within which local municipality will your clinic be located?</b>	
<b>Would you run the clinic yourself or employ a locum?</b>	
<b>Why would you locate the clinic in the site indicated?</b>	
<b>Do you think there is a need for a Clinic at this site?</b>	
<b>How many people live in a 5km radius of the site suggested?</b>	
<b>Do you know the unemployment rate in the area?</b>	
<b>Do you have Ward Councillor or Local Municipality authority to open a Clinic?</b>	



BACKGROUND?	
Provide a brief synopsis of your background – where you have worked, what your experience is, what you are passionate about etc	
Provide a brief synopsis of your training and qualification (importantly, do you hold a Dispensing Certificate and the necessary Permits to operate a clinic?)	

QUESTIONS	ANSWERS
Why are you interested in an Unjani Clinic ?	
What do you know about Unjani Healthcare NPC?	
What are your comments on the current primary healthcare environment?	
Do you have any current business interests?	

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Please fax the above to: **+27 87 233 2338** or alternatively email it to [info@unjani.org](mailto:info@unjani.org) and we will contact you as soon as possible.

***Thank you for your interest in the Unjani Clinic Network opportunity, please note that this is the start of the process, a full application form will be sent to you if you meet the minimum selection criteria.***