

Initial Enquiry Application Form



PERSONAL DETAILS			
Name & Surname:		DOB:	
Identity No.:		Gender:	
Phone No.:	(c)	(w)	(alt)
E-mail:			
Address:			
BHF Practic No.		SANC No.	

Where did you find out about this opportunity?	Please tick the correct option below:			
	Word of Mouth	<input type="checkbox"/>	Nurse currently in the Unjani Clinic Network	<input type="checkbox"/>
	Unjani Clinic Website / Social Media	<input type="checkbox"/>	Other (Please specify):	<input type="checkbox"/>

LOCATON OF CLINIC & NEED	
Where would you want the clinic to be located?	
Within which local municipality will your clinic be located?	
Why would you locate the clinic in the site indicated?	
Do you think there is a need for a Clinic at this site?	
How many people live in a 5km radius of the site suggested?	
Do you know the unemployment rate in the area?	
Do you have Ward Councillor or Tribal authority to open a Clinic?	

BACKGROUND

Provide a brief synopsis of your background –

- Where have you worked
- What experience do you have in PHC
- What are you passionate about etc

Provide a brief synopsis of your –

- Qualifications
- Training courses

Have you completed and passed a course in Dispensing?

Are you Nimart certified?

GENERAL QUESTIONS

Why are you interested in joining the Unjani Clinic Network?

What do you know about the Unjani Clinic NPC?

What are your comments on the current Primary Healthcare environment?

Do you have any current business interests?

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.

Name: _____ Date: _____

Signed: _____

**Kindly attach your CV , Dispensing and Nimart certificate to the application.
Please email it to info@unjani.org and we will contact you as soon as possible.**