

Sultanate of Oman
 Ministry of Health
 DIRECTORATE GENERAL OF EDUCATION AND TRAINING

Application for Post Basic Studies in :

(Section 1 to 7 must be completed by the applicant)

1. Personal Details			
Name :		Address for correspondence :	
Date of Birth :	Age:	Telephone No :	
Marital Status :		Region :	
Present Post :		Hospital / Health Centre :	
Staff No :		Ward / Clinic :	
2. Qualifications			
Secondary Education :		Division : Science Arts	
Percentage Score :		Year Obtained :	
3. English Language Proficiency (if any)		TOEFL / IELTS Score :	
4. Professional Qualification :		Salary Scale : Class Grade	
<i>Qualification(s)</i>	<i>Institute</i>	<i>Date obtained</i>	<i>Nursing Dip. Grade</i>
5. Experience :			
<i>Position</i>	<i>Specialty</i>	<i>From</i>	<i>To</i>

6. Please give a brief description of your present duties and responsibilities:

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7. Please describe why you want to undertake this programme:

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Signature of Applicant

Date

Supporting Information

8. Recommendation of the immediate Supervisor :

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Staff Appraisal Report for the year 2004:
Grade obtained:

Recommendation of Head of Nursing:
Recommended / Not Recommended

Signature of the immediate Supervisor

Signature of Head of Nursing

Date:

Date:

9. Approval by the Regional Director General :

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Signature (DGHS)

Date