



PROGRAMME REGISTRATION FORM

Please complete all sections of the application form and submit the completed form to training@scnghana.org for review and processing.

PERSONAL INFORMATION

Name *

Date of Birth

Gender

Male Female

First Name

Last Name

Email *

Phone *

Nationality

Ghana

PROFESSIONAL DETAILS

Current Job Title

Cadre Theatre In-Charge

Perioperative Nurse

OR Manager / Coordinator

Other (Specify)

Years of Experience in

0–2 years

Operating Theatre

3–5 years

6–10 years

10+ years

INSTITUTIONAL INFORMATION

Name of Facility *

Type of Facility (Select primary facility)

Teaching Hospital Regional Hospital

District Hospital Private Hospital

Mission/CHAG Facility

Other (Specify)

Region

Department

SUPPORT & SPONSORSHIP

How will your participation in the programme be funded?

- Self-Funded
 Institution-Sponsored
 Other

If Institution-Sponsored

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Sponsoring
Institution

Contact Person
(Finance/Admin)

Contact
Email/Phone

PROGRAMME AVAILABILITY CONFIRMATION

I confirm my availability and commitment to participate in:

- Pre-Course Facility Diagnostic Activities
 2 Weeks Intensive Onsite Training at UGMC
 90-Day Facility Improvement Project

Completion of the Facility Improvement Project is a requirement for programme certification. Do you commit to completing and submitting the required Facility Improvement Project?

- Yes No

PREVIOUS TRAINING EXPERIENCE (OPTIONAL)

Have you previously attended any Operating Room Management, Perioperative Leadership, Theatre Management, or Surgical Services Training Programme?

- Yes No

If Yes: Please specify programme(s), institution(s), and year(s) attended.

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DECLARATION & CONSENT

Have you attended any OR management or leadership training before? *

- I confirm that the information provided in this application is accurate and complete.
 I understand the programme requirements and commit to full participation in all required programme activities
 I understand that completion of the Facility Improvement Project is required for programme certification.
 I understand that completion of the Facility Improvement Project is required for programme certification.

Applicant's Signature

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INSTITUTIONAL APPROVAL (FOR INSTITUTION SPONSORED APPLICANTS)

Head of Facility

Institution

Approving Authority Name Position

Signature & Official Stamp