

THE SOVEREIGN NURSE PROGRAM: ADMISSION APPLICATION

Batch 1 Launch Date: July 2026

Instructions: Please complete all sections accurately. This application will be used to assess both your clinical background and your readiness for business ownership.

SECTION 1: APPLICANT PROFILE

- **Full Name:** _____
- **Professional Title:** (e.g., RN, RGN, Midwife) _____
- **NMC Registration Number (PIN):** _____
- **Primary Phone (WhatsApp):** _____
- **Email Address:** _____
- **Current Employment Status:** Unemployed Locum/Contract Full-Time

SECTION 2: CLINICAL TRACK SELECTION

Please select the track you are applying for:

- **Geriatric Home Care (Core Track):** Focuses on long-term management of elderly patients and NCDs.
- **Post-Surgical Recovery (Premium Track):** Focuses on acute post-op care, wound management, and surgeon-partnering.

SECTION 3: PROFESSIONAL EXPERIENCE

- **Years of Post-Rotation Experience:** _____ years.
 - **Top 3 Clinical Skills:** (e.g., Cannulation, Wound dressing, ECG interpretation)
 1. _____
 2. _____
 3. _____
 - **List your most recent clinical posting/hospital:**
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SECTION 4: ENTREPRENEURIAL INTENT

- **Why do you want to become a Nurse-Preneur instead of seeking a traditional posting?**
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- **In which neighborhood/region do you intend to launch your practice?**
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SECTION 5: DECLARATION

I certify that I am a licensed nurse in good standing with the Nursing and Midwifery Council of Ghana. I understand that this program requires an 8-week commitment and active participation in both classroom and field-work modules.

Signature: _____ **Date:** _____