**Employment history (Including voluntary roles)**

We are required by law to make sure we know about the work you have done in the past, as well as the periods you may have spent out of employment. Therefore, please list your **full** employment history here since leaving school, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please **start with your current or most recent employment and work backwards to when you left full time education**.

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| --- | --- | --- | --- | --- |
| **From (month and year)** | **To (month and year)** | **Employer Name and location** | **Position Held & description of duties** | **Reason for leaving** |

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| --- | --- | --- | --- | --- |
| 18/10/2021  | 20/09/2022 | SPARKLING HEALTHCARE LIMITED BRAINTREE. | CARE ASSISTANT. | COMPLETED MY MASTER’S DEGREE PROGRAM. |

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| --- | --- | --- | --- | --- |
| 01/08/2018 | 01/09/2021 | HOLY FAMILY HOSPITAL TECHIMAN. BONO EAST REGION OF GHANA. WEST AFRICA. | MEDICAL OFFICER. | FOR FURTHER STUDIES. |

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| 01/07/2017 | 01/08/2018 | ST PATRICKS HOSPITAL OFFINSO. ASHANTI REGION. GHANA. WEST AFRICA. | SENIOR HOUSE OFFICER. | COMPLETION OF SECOND YEAR INTERNSHIP. |

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| 01/06/2016 | 01/07/2017 | CAPE COAST TEACHING HOSPITAL. CENTRAL REGION. GHANA. WEST AFRICA. | JUNOIR HOUSE OFFICER. | COMPLETION OF FIRST YEAR INTERNSHIP. |

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| **From (month and year)** | **To (month and year)** | **Employer Name and location** | **Position Held & description of duties** | **Reason for leaving** |

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|  |  |  **EDUCATION**  |  |  |
| **University, College, School Secondary Establishment(s)**Start with the most recent and work back. Continue a separate sheet if necessary. | From  | To | Course Studied | Qualification Achieved |
| ANGLIA RUSKIN UNIVERSITY CHELMSFORD.RYAZAN STATE MEDICAL UNIVERSITY RYAZAN.RUSSIA.OPOKU WARE SCHOOL. ASHANTI REGION. GHANA. WEST AFRICA. | 09/09/202101/10/200901/09/2004  | 30/09/202215/07/201520/08/2007 | MASTER’S IN PUBLIC HEALTH.GENERAL MEDICINE.GENERAL SCIENCE. | MASTER’S DEGREEMEDICAL DOCTOR.CERTIFICATE. |

|  |
| --- |
| **TRAINING** |
| Training relevant to this role that you have attended over the past two years | From | To | Qualification Achieved |
|  |  |  |  |

**Have you completed the Care Induction Certificate?**

 *If you answered ‘yes’ to the above, you must provide a certificate or other evidence of completion.*