



Passport
Picture



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ADMISSION FORM

Form No:.....

Date:.....

PROGRAM APPLIED

HOME CARE ASSISTANCE

Personal Information

Name of Student: _____

Gender: Male Female Religion: _____

Date of Birth: _____ Country of Birth: _____

Nationality: _____ Marital Status: _____

Contact Number (s): _____ / _____ / _____

Residential Address: _____

Email Address: _____

Guardian Name: _____

Contact of Guardian: _____ / _____ / _____

Residential Address: _____

Relationship to Guardian: _____

Highest Academic Qualification *(Attach Copy of Certificate)*

B.E.C.E N.V.T.I WASSCE DIPLOMA

HND First Degree Post Graduate

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (this “MOA”) is made and entered into on this [] day of [], [] (“effective Date”) by and between:

ANSMED HOME CARE, a home healthcare agency providing practical training in home care, located at ADENTA; And

[_____]

1. Purpose & Scope.

The purpose of this Memorandum of Agreement is to set forth the terms and conditions, scope of agreements and responsibilities of this institution and signer (Student) associated with this collaboration.

Specifically, the signer (Student) will strive to cooperate with all the terms and conditions set forth by this agreement.

2. Terms and Conditions.

It is mutually understood and agreed by and between the parties that:

- i. The signer (Student) agrees to uphold any and all financial obligations set forth by this Institution. Where the signer (Student) cannot bear the full cost at the time of signing this MOA, the Institution reserves the right to extend the payment in some instances, agree to allow signer (Student) pay the remainder in installments on monthly basis.
- ii. Any and all payment made to this institution is **Non-Refundable**.
- iii. This MOA may be amended from time to time by mutual agreement of the parties in written modification signed by both the administration of this Institution and the signer (Student)
- iv. The signer (Student) is required to inform this Institution of any absences from class at any given.

3. Effective Date and Signature.

This Memorandum of Agreement shall be effective upon the date of signing of this MOA. The parties indicate agreement with this Memorandum of Agreement by their signatures below.

[Name of AnsMed Home Care Representative]

Signer (Student):

