APPLICATION FOR APPROVAL TO PURSUE FURTHER STUDIES
PART A – PERSONAL INFORMATION

a. Surname .................................................................................. Other Names ..........................................................................................................................

b. Date of Birth (dd/mm/yyyy) ........................................................................

c. Marital Status ................................................................................................ No. of Children ........................................................................................................

e. Date appointed into GHS (dd/mm/yyyy) ........................................ Date of re-appointment if broken service .............................................................

f. Staff ID ........................................................................................................ Current Grade ...........................................................................................................

g. No. of stations served .................................................................................. Name of present station .....................................................................................

h. Contact Telephone No .............................................................................. email ......................................................................................................................

i. Educational History (from the last to first)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of institution</th>
<th>Date started</th>
<th>Date Completed</th>
<th>Name of certificate Obtained</th>
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PART B – RECORD OF PREVIOUS STUDY LEAVE AWARD(S)

a. Have you been granted approval to pursue further studies before?   Yes ☐  No ☐

b. If yes, was it with pay?     Yes ☐  No ☐

c. If yes for what program? ..........................................................................................................................

d. For how long? ................................................................. e. When did you resume work? ....................../...................../..............

f. How many years have you worked after resumption? ..................................................................................................................

g. If not with pay, was your certificate accepted for upgrading/conversion?   Yes ☐  No ☐

h. If yes, how many years have you served after upgrading/conversion? ..................................................................................................................

i. If no why? ..........................................................................................................................
PART C - PARTICULARS OF COURSE TO BE PURSUED

a. Give brief description of your current job.................................................................................................................................................................................................
.......................................................................................................................................................................................................................................................................................................................................................}

b. What course are you applying for? ..............................................................................................................................................................................................

b. What course are you applying for? ...............................................................................................................................................................................................................}

c. For how long? ............................................................. in which institution? ..............................................................................................................................................................................................

d. Give reasons for your choice of course ..............................................................................................................................................................................................
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PART D - MODE OF STUDY

Please indicate how you intend to pursue the course: (check v'where appropriate)

a. Study Leave with Pay
b. Study Leave without pay
c. Sandwich
d. Summer
e. Distance
c. Weekend
f. Evening
g. Others (specify) .........................................................................................................................................................................................................
.......................................................................................................................................................................................................................................................................................................................................................}

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Signature of applicant ................................................................. Date .................................................................
PART E - RECOMMENDATION BY HEAD OF FACILITY/DEPARTMENT

I have read the Study Leave Policy of the Ghana Health Service and I know that the applicant meets all the requirements specified therein. **I also know that the applicant is amongst serving officers selected for further studies.** Therefore, based on these two grounds I unreservedly recommend his/her for application for approval.

Name of officer ............................................................ Position ............................................................

Name of facility .............................................................................................................................

Signature ........................................ Date .................................... Official Stamp .............................

PART F - ENDORSEMENT BY REGIONAL/DIVISIONAL DIRECTOR OF HEALTH SERVICE

(This part must always be completed by the RDHS/Divisional Director or their appointed representative)

This is to confirm that the applicant after satisfying the requirements indicated in the Study Leave Policy has been duly selected by this region/directorate to pursue further course of study and he/she is number ............... On the provisional list submitted to the Human Resource Directorate. Based on the above, I recommend his/her application for processing.

Name of RDHS/Div.Dir/Rep ............................................................ Region.................................

Signature ........................................ Date .................................... Official stamp .............................

Required attachments

A. Officers applying for study leave without pay, Distance and weekend and who shall be at post throughout the duration of the program:

- Attach your first appointment letter
- Attach your admission letter
- Attach a copy of the certificate earlier obtained if study leave is for the second time
- Ensure your form is duly endorsed and submitted
- Ensure you obtain formal approval letter before the commencement of program.

B. Officers applying for study leave with pay, sandwich, summer etc and who shall not always be at post during the pendency of the course.

- Proceed to complete the bond form and have it endorsed by your guarantors in the presence of your Head of Facility
- Attach your first appointment letter
- Attach a copy of your admission letter
- Attach a copy of the certificate earlier obtained if study leave is for the second
- Submit your form to the appropriate office
- Ensure you obtain formal approval before the commencement of course

**Note**

- Forms for officers pursuing POST BASIC programs for which the Regional Director of Health Service is mandated to approve will end at the various Regional Human Resource Management Units.
- Forms for all other programs applications are to be submitted in bulk and on time to HRD for the issuance of formal approval letters.
BOND FORM
CONDITIONS

I, Prof/Dr/Mr/Mrs/Miss…………………………………………………………………… having met all the requirements for Study Leave with pay and after reading through the Study Leave Policy and other related policies on further training and placement thereinafter, I herein unequivocally undertake that if offered study leave with pay, I shall observe and comply with all the following conditions:

1. The study leave with pay is offered for a specific course which the Service considers a priority course and shall never be changed, no matter the circumstances, without prior written permission from the approving authority.
2. The study leave approval is for the duration stated in the study leave approval letter and unless it is extended, an awardee shall report for work at the end of the period.
3. An awardee of study leave with pay shall resume duty immediately if the course ends earlier than the end date and expected date of resumption indicated in the study leave approval letter.
4. An awardee who does not report back to his/her previous station within ten (10) working days after the expiration of the study leave period will be deemed to have vacated post, and shall be made to refund all salaries paid to him/her whilst in school plus interest at the prevailing lending rate of the Bank of Ghana.
5. The awardee of study leave with pay shall start and complete the approved course.
6. An awardee who abandons the course or absconds without the express approval of the Head of BMC, or is withdrawn from the course by the school authorities as a result of poor performance/misconduct shall refund the total amount of salaries paid to him/her during the training plus interest at the prevailing lending rate of Bank of Ghana.
7. The continuous payment of the salary of an awardee on study leave with pay shall depend on good conduct and satisfactory academic performance in the course of study for which the study leave was granted.
8. An awardee of study leave with pay shall ensure that his/her annual academic performance reports are submitted to his Regional Director of Health Services or Medical Director of Specialist Hospital.
9. An awardee of study leave with pay shall report in person to his immediate supervisor during holidays for assignment of duties if the course is in Ghana otherwise at anytime he visits the country.
10. An awardee upon completion shall immediately report to his former head of BMC for assignment of duties unless otherwise directed by the Regional/Divisional Director.
11. Upon resumption of duty, the Regional/Divisional Director shall reserve the right to post an awardee to wherever his/her services may be needed.
12. An awardee of study leave with pay shall be obliged to serve the Ghana Health Service in a facility to be determined by his Regional Director of Health Services for the duration of the course plus one and half years, immediately after certification or licensing to practice the said profession:

<table>
<thead>
<tr>
<th>Duration of Course</th>
<th>No. of Years to Serve</th>
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<tbody>
<tr>
<td>6months - 1 year</td>
<td>2 1/2 years</td>
</tr>
<tr>
<td>1year - 2 years</td>
<td>3 1/2 years</td>
</tr>
<tr>
<td>2years - 3 years</td>
<td>4 1/2 years</td>
</tr>
<tr>
<td>3years - 4 years</td>
<td>5 1/2 years</td>
</tr>
</tbody>
</table>

*Bond periods exclude mandatory National Service, internship/rotation

13. An awardee who defaults in serving the required bond period shall pay the full bond sum.
14. The value of the bond shall be equivalent to the total salary paid to the awardee whilst in training plus interest at the prevailing lending rate of the Bank of Ghana
15. Any refund of salary in respect of the breach of this bond shall be directly paid into the Government Salary Suspense Account at the Bank of Ghana.
16. Any bond sum paid to government (Ghana Health Service) as a result of default is strictly not refundable.
DECLARATION

I, PROF/DR/MR/MRS/MISS..........................................................................................................................

(Hereinafter called Awardee or Award Beneficiary) HAVE ON THIS DAY .............. OF .................... IN THE YEAR

............................. READ THE STUDY LEAVE POLICY, OTHER RELATED POLICIES AND CIRCULARS AND THE TERMS AND
CONDITIONS TO THIS AGREEMENT BETWEEN MYSELF AND THE GHANA HEALTH SERVICE (hereinafter called the
Service) AND UNDERSTOOD THE TERMS AND CONDITIONS CONTAINED HEREIN AND THEREFORE DO HEREBY
MAKE THE FOLLOWING SOLEMN DECLARATIONS:

2. THAT, I AGREE TO BE OFFERED STUDY LEAVE WITH PAY TO PURSUE ..........................................................
......................................................................................... (Area of Study) IN ..........................................................
.................................................................................................................. (Institution) FOR A PERIOD OF .............(....) YEARS

3. I DO SOLEMNLY UNDERTAKE TO AVAIL MYSELF TO SERVE THE SERVICE FOR A PERIOD OF .............

................................................................................. (......) YEARS IMMEDIATELY AFTER THE COMPLETION OF MY
TRAINING IN ANY DISTRICT OR FACILITY AS SHALL BE ASSIGNED TO ME BY THE REGIONAL DIRECTOR OF HEALTH SERVICES

4. THAT IN THE EVENT OF MY FAILURE TO COMPLETE THE APPROVED PROGRAM AND/OR SERVE THE STIPULATED
NUMBER OF YEARS IN THE SERVICE AS STIPULATED IN PARAGRAPHS SIX (6), TWELVE (12) AND THIRTEEN (13)
ABOVE, I ………………………………………………
                                                                                                           (name) SHALL BE LIABLE TO THE SERVICE
AND SHALL REFUND THE FULL AMOUNT OF THE SALARIES PAID TO ME DURING THE PERIOD OF MY TRAINING AT
THE PREVAILING LENDING RATE OF THE BANK OF GHANA.

5. THAT, THE GHANA HEALTH SERVICE SHALL HAVE THE RIGHT TO TAKE LEGAL ACTION AGAINST ME IN CASE OF
ANY BREACH OF THE CONDITIONS OUTLINED AS PART OF THE BOND.

DATED THIS DAY .............. OF ........................................ IN THE YEAR .........................

................................................................. Name of Award Beneficiary    Grade    Signature

Permanent Address of Award Beneficiary: .............................................................................................................

............................................................................................................................................................

Tel Nos. .................................................. ................................. ................................. Email .........................................

THIS BOND made on the ............ day of ......................... 20........, we the undersigned herein:

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............................................................................................................................................................. (full name, grade and employee number of the awardee)

and ..........................................................................................................................................................

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Photograph of Award Beneficiary
(full name, occupation, SSNIT number and address) (hereinafter after called “the First Guarantor”) and

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*Witnesses should be a Notary Public, Senior Public Officer of a rank not below Administrative Manager, a Lawyer, a Minister of religion of a well established Church or an Imam of a well established mosque, a Police Officer above Assistant Superintendent.

*The passport photograph of the guarantor should be endorsed by the witness before it is attached to this bond form.

*The Guarantors must be active SSNIT Contributors of not less than three (3) years standing.

*An applicant is to complete five (5) copies of this form (1 to his BMC, 1 to the District Health Directorate, 1 to the Regional Health Directorate, 1 to HRDD, HQ and 1 for the candidate).

*This Bond form must be submitted together with the Study Leave Application Form.

*This bond is different from the bond by other sponsoring organization like BMCs, District Assemblies etc. In this regard, candidates under other form of sponsorship are required to sign another bond with their respective sponsoring organizations.