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A stethoscope and a logo

Description automatically generated with medium confidenceOCH Application Form

Position: **Resident Medical Officer (RMO)**

Location: UMN-MDT Okhaldhunga Community Hospital

(Type your responses into this form & send as a WORD document).

# Personal Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | Gender |  |
| Date of birth (AD) (dd/mm/yyyy) |  | Age |  | Marital status |  |
| Nationality |  | | | Permanent address |  |
| Email address |  | | | Postal address (if different) |  |
| Mobile number |  | | | Telephone |  |
| Disability (If applicable) |  | | | If yes, which disability ID card has (Blue, Yellow, White) |  |

# Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level | Subject | Institution | Date | Results |
| E.g., BA | E.g., Business Studies | E.g., Kathmandu University | E.g., 2003-2006 | E.g., 1st division |
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# Work Experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer & Location |  | Start Date |  | | End Date |  |
| Job Title |  | Reason for Leaving | |  | | |
| Major Responsibilities | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer & Location |  | Start Date |  | | End Date |  |
| Job Title |  | Reason for Leaving | |  | | |
| Major Responsibilities | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer & Location |  | Start Date |  | | End Date |  |
| Job Title |  | Reason for Leaving | |  | | |
| Major Responsibilities | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer & Location |  | Start Date |  | | End Date |  |
| Job Title |  | Reason for Leaving | |  | | |
| Major Responsibilities | | | | | | |
|  | | | | | | |

# Job Specific Questions

(We strongly encourage you to use your own opinion and words while answering the questions. If your answers are from some other source, please provide the reference)

|  |  |
| --- | --- |
| 4.1 | OCH provides medical services across adult medicine, general and orthopaedic surgery, paediatrics, obstetrics, and pregnancy related gynaecology. How do you feel about working in such a broad manner? |
|  | |
| 4.2 | In your previous work roles, how much autonomy have you experienced in making medical decisions for the care of patients? Please give two examples. |
|  | |
| 4.3 | Are there any areas of medicine that you feel you need to gain more experience to feel more comfortable in managing such conditions (e.g., paediatrics, obstetrics)? |
|  | |
| 4.4 | This role as Resident Medical Officer requires involvement in the on-call medical roster which includes evening and night work. Do you have any concerns about this? |
|  | |

# United Mission to Nepal (UMN) General Questions

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| --- | --- | --- | --- | --- |
| 5.1 | Describe a time when you have improved and changed something for the better. | | | |
|  | | | | |
| 5.2 | In your current (or most recent) job, how did you share information, skills & knowledge with others? | | | |
|  | | | | |
| 5.3 | Describe a time when you have shown great flexibility in your job and describe the effect you had. | | | |
|  | | | | |
| 5.4 | UMN is a Christian development organisation. Okhaldhunga Community Hospital, being a faith-based organization, has its unique ethos. What do you understand by this, and why are you attracted to working with this organisation? | | | |
|  | | | | |
| 5.5 | Give a specific example from your past work/life of how you have actively worked to promote ***gender justice***. | | | |
|  | | | | |
| 5.6 | Choose 2 of the following six UMN OCH values that you feel to be most important. For each describe a time when you acted in accordance with that value in the workplace. | | | |
|  | UMN OCH values: | | * Integrity and Honesty * Love and service * Equity and social justice | * Innovation and creativity * Special concern for poor and marginalised people * Care for the environment |
| Value Example 1: | |  | | |
| Value Example 2: | |  | | |

# Language Skills

|  |  |  |  |
| --- | --- | --- | --- |
| Language | | Level of spoken competence | Level of written competence |
|  | | (e.g., basic, intermediate, fluent) | (e.g., basic, intermediate, advanced) |
| Nepali | |  |  |
| English | |  |  |
| Other |  |  |  |
|  |  |  |  |

# Computer Skills

|  |  |
| --- | --- |
| 7.1 | Please describe your level of computer literacy, stating applications of which you are a competent user. |
|  | |

# Other Relevant Training/Information

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| --- | --- |
| 8.1 | Please detail other relevant training or information which you feel may support your application. |
|  | |
| 8.2 | Have you ever been accused of or convicted for any criminal offenses and/or any form of sexual harassment, exploitation, or abuse? |
|  | |
| 8.3 | Please state monthly salary of your present job or most recent job.  What is your expectation for the monthly salary of this advertised RMO position? |
| Current salary:  Expected salary: | |
| 8.4 | Please state how soon would you be able to start working for OCH if you were offered the post?  What time period would you commit to working at OCH if you were offered the post? |
|  | |
| 8.5 | Specifically for Individuals with Disabilities:  Do you need any specific Reasonable Accommodation[[1]](#footnote-1) for your assessment process? Or you have any mobility or communication constraints so that we can manage friendly assessment? |
|  | |

# Location Mobility

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| --- | --- | --- |
| 9.1 | | This job is based in Okhaldhunga Community Hospital, Okhaldhunga District, where the job holder is expected to live. Is this OK with you? |
|  | | |
| **9.2** | Please note below any constraints we should be aware of. | |
|  | | |

# References

Please provide the names of 2 professional people to give references, one of which must be your current work supervisor/employer.

PLEASE NOTE: INCLUDE BOTH THE MOBILE PHONE NUMBER AND EMAIL ADDRESS OF EACH REFEREE.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Job Title | Organisation | Contact Information |
|  |  |  | (must include email address & mobile phone number) |
|  |  |  |  |
|  |  |  |  |

# Signature

(If you email the form, please add your electronic signature. If you don’t have an electronic signature, you can leave this blank)

|  |  |
| --- | --- |
| Signature |  |
| Date |  |
| How/Where did you learn about this vacancy? |  |

1. Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms- UNCRPD, article 2 [↑](#footnote-ref-1)