

JOB APPLICATION FORM

Physiotherapist / Occupational Therapist

Gilgal Home Care & Training Services

(Aligned with Nigerian Professional Registration Standards)

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Address: _____

Phone Number: _____

WhatsApp Number: _____

Email Address: _____

Nationality: _____

Current Location: _____

SECTION 2: ROLE APPLIED FOR

- ☐ Physiotherapist
- ☐ Occupational Therapist
- ☐ Dual-qualified (Physiotherapist & Occupational Therapist)

SECTION 3: PROFESSIONAL QUALIFICATIONS & REGISTRATION

Highest Qualification Obtained:

Awarding Institution: _____

Year of Qualification: _____

Professional Registration (Mandatory)

- ☐ Medical Rehabilitation Therapists (Registration) Board of Nigeria (MRTB)

(Required for Physiotherapists and Occupational Therapists practising in Nigeria)

Registration Number: _____

Registration Status: ☐ Active ☐ Provisional ☐ Pending Renewal

Evidence of Registration Attached: ☐ Yes ☐ No

SECTION 4: CLINICAL EXPERIENCE

Do you have experience working in community or domiciliary settings?

☐ Yes ☐ No

Please describe your clinical experience, including rehabilitation, older adult care, or stroke services:

SECTION 5: SPECIALIST SKILLS & PRACTICE AREAS

Please tick all that apply:

- ☐ Stroke rehabilitation
- ☐ Neurological rehabilitation
- ☐ Mobility & gait training
- ☐ Functional daily living skills (ADLs)
- ☐ Equipment provision, prescription & fitting
- ☐ Falls prevention
- ☐ Older adults & frailty care
- ☐ Hospital discharge & reablement
- ☐ Community-based therapy
- ☐ Other (please specify): _____

SECTION 6: ASSESSMENT, CARE PLANNING & DOCUMENTATION

Do you have experience completing professional assessments and reports?

☐ Yes ☐ No

Experience with:

- ☐ Functional assessments
- ☐ Risk assessments
- ☐ Goal setting & care planning
- ☐ Progress reviews & outcome reporting

Brief description:

SECTION 7: AVAILABILITY

Preferred working pattern:

☐ Full-time ☐ Part-time ☐ Session-based / Contract

Days / Hours Available: _____

Expected Start Date: _____

SECTION 8: REFERENCES (2 REQUIRED – One Clinical)

Reference 1 (Clinical / Professional):

Name, Role & Contact: _____

Reference 2:

Name, Role & Contact: _____

SECTION 9: DECLARATION

- ☐ I confirm that the information provided is accurate and complete.
- ☐ I confirm that I hold, or am eligible for, valid registration with the Medical Rehabilitation Therapists (Registration) Board of Nigeria (MRTB).
- ☐ I agree to practise within my professional scope and abide by Gilgal Home Care & Training Services' policies and ethical standards.

Applicant Name: _____

Signature: _____

Date: _____

Submit completed application with CV and evidence of registration to:

 hello@gilgalhomecare.com