



COMPANION HEALTHCARE AGENCY (CHA)

(HOME CARE/NURSING/HOUSE HELP AND NANNY RECRUITMENT)

Danyame, Plt 8 A, Kumasi, Paasolo Tyre Building

EMAIL: companionhealthcareagency@gmail.com

[www: companionhealthcareagency@facebook.com](http://www.companionhealthcareagency@facebook.com)

SERVICE REQUEST FORM

- CLIENT'S PERSONAL INFORMATION

NAME: Age Sex MARITAL STATUS:

ADDRESS: RESIDENCE:

TEL: LOCATION: Landmark.....

RELIGION: OCCUPATION:

B. CLIENT HEALTH STATUS

YES

NO

PHYSICALLY CHALLENGED (In wheel chair, bed ridden)

- REQUEST DETAILS

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DECLARATION: I declare that, I will take full responsibility and fulfill all obligations, including registration (in cash and kind) related to this service request.

Role of Client (Employer)

- Treat the worker with dignity, respect, freedom of movement and worship.
- The worker is protected against physical, verbal, and sexual harassment. No discrimination is allowed.
- The worker is entitled to one working day off in a week and intermittent break in the day.
- Provision for T&T on errands (b) Accommodation (c) Food

Role of Employee (Worker)

- Hired domestic workers shall undertake household chores in return for remuneration.
- The tasks include the care of children and the elderly, cooking, driving, cleaning, grocery shopping, running errand, taking care of stores or shop
- Taking care of household pets, particularly in urban areas.
- Other responsibilities may include laundry and ironing.
- Use assets of the client entrusted to you with the utmost care.
- Treat all persons with dignity and respect.
- To avoid physical and verbal assaults, Sexual harassment is out of the equation, discrimination of any sort, theft etc.

I do hereby append my signature This day

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- Fees and Liabilities
In consideration of the services, the Client shall pay to the Agency one time Registration fee of an agreed amount, depending on number of requested personnel.
 - For record purposes, The Client/Employer shall pay the monthly Salary/Allowance of his/her Employee/Worker through the Agent's Account (below) to be forwarded to the worker's account.
 - **Mobile Money Account No 0242369436**
 - **Bank Cheque Account No. COMPANION HEALTHCARE AGENCY, CBG, 0263987100001 Adum-Kumasi.**

OFFICE USE ONLY

ACCEPTED () DECLINED ()

REASONS:.....

ASSIGNED WORKER :

OFFICER IN CHARGE SIGNATURE

DATE

For further enquiries, contact - 0242369436