STRATEGIC
CLINICAL NETWORKS GHANA
....Powerring Integrated Healthcare for National Impact

ADVANCED OPERATING ROOM (OR) MANAGEMENT PROGRAMME

"Better Managed Theatres. Better Surgical Outcomes"

13th – 24th July 2026
UGMC Simulation Centre, Accra

PROGRAMME REGISTRATION FORM

*Please complete all sections of the application form and submit the completed form to **training@scnghana.org** for review and processing.*

PERSONAL INFORMATION

Name *

First Name | Middle Name | Last Name

Email *

Phone *

Date of Birth

Gender

◯ Male ◯ Female

PROFESSIONAL DETAILS

Current Job Title

Cadre
- ☐ Theatre In-Charge
- ☐ Perioperative Nurse
- ☐ OR Manager / Coordinator
- ☐ Other (Specify)

Years of Experience in Operating Theatre
- ☐ 0–2 years
- ☐ 3–5 years
- ☐ 6–10 years
- ☐ 10+ years

INSTITUTIONAL INFORMATION

Name of Facility *

Type of Facility (Select primary facility)

- ☐ Teaching Hospital
- ☐ Regional Hospital
- ☐ District Hospital
- ☐ Private Hospital
- ☐ Mission/CHAG Facility
- ☐ Other (Specify)

Region

Department

SUPPORT & SPONSORSHIP

How will your participation in the programme be funded?

- ☐ Self-Funded
- ☐ Institution-Sponsored
- ☐ Other

If Institution-Sponsored

Sponsoring Institution

(Finance/Admin)

Email/Phone

Request official invoice

- ☐ Yes
- ☐ No

PROGRAMME AVAILABILITY CONFIRMATION

I confirm my availability and commitment to participate in:

- ☐ Pre-Course Facility Diagnostic Activities
- ☐ 2 Weeks Intensive Onsite Training at UGMC
- ☐ 90-Day Facility Improvement Project

Completion of the Facility Improvement Project is a requirement for programme certification. Do you commit to completing and submitting the required Facility Improvement Project?

- ☐ Yes
- ☐ No

PREVIOUS TRAINING EXPERIENCE (OPTIONAL)

Have you previously attended any Operating Room Management, Perioperative Leadership, Theatre Management, or Surgical Services Training Programme?

- ☐ Yes
- ☐ No

If Yes: Please specify programme(s), institution(s), and year(s) attended.

DECLARATION & CONSENT

Have you attended any OR management or leadership training before? *

- [ ] I confirm that the information provided in this application is accurate and complete.
- [ ] I understand the programme requirements and commit to full participation in all required programme activities
- [ ] I understand that completion of the Facility Improvement Project is required for programme certification.
- [ ] I understand that completion of the Facility Improvement Project is required for programme certification.

Applicant's Signature

INSTITUTIONAL APPROVAL (FOR INSTITUTION SPONSORED APPLICANTS)

Head of Facility

Approving Authority Name

Position

Institution

Signature & Official Stamp

Account and payment details will be sent to you via email upon successful registration.
Your place will be confirmed once payment has been received and verified.