

CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)

POST OFFICE BOX 7316, ACCRA-NORTH, GHANA



MEMBERSHIP APPLICATION FORM

The Christian Health Association of Ghana (CHAG) was formed in 1967 by the founding members for Christian health service delivery in Ghana, being conscious of the fact that the mission of the church is to save souls and promote the healing ministry of Christ. CHAG believes that, as partners in the health care delivery in Ghana, priority should be given to the poor and the neglected and that there should be renewed emphasis on rural health efforts and health education for the prevention of illness.

The Christian Health Association of Ghana (CHAG) now acts on behalf of 16 Christian Churches' who are involved in the provision of health care to ensure proper collaboration and complementation of the government efforts at providing for the health needs of people living in Ghana.

CHAG permits other church-related institutions that share in its vision, mission and core values to be members of the Association. Registered members are expected to operate on Not-for-profit basis and within the policy framework of the MOH. They should be willing to abide by the provisions of the Memorandum of Understanding/Administrative Instruction signed between CHAG and the Ministry of Health.

CHRISTIAN HEALTH ASSOCIATION OF GHANA O CHAG
MEMBERSHIP APPLICATION FORM

1. Name of Hospital / Clinic
.....
2. Location: Town..... District:
Region
3. Church to which Hospital/Clinic Belong.
.....
4. Which of the following do you belong to?
 - a) Christina Council of Ghana
 - b) Ghana Catholic Bishops Conference
 - c) Ghana Pentecostal Council
 - d) Ghana council of Independent churches
 - e) Independent Church / Religious organization
 - f) Evangelical Society
 - g) Other
5. Are you a registered with private Hospitals and Maternity
Homes Board
Yes No
6. State registration number
7. Has the Regional /District Health Administration approved
of the siting
of the facility at this location? Yes No
Submit proof of approval.

8. Submit a written report to support this application using the attached guidelines.
9. Submit a formal application letter signed by the head of the church or his accredited representative.

10. Declaration:

We solemnly declare that we shall abide by the constitutions of the Christian Health Association of Ghana and all Subsequent directives. Should we act in contravention of the tenets of constitutions, we shall accept any sanction imposed on by the CHAG Board.

Name Signature:.....

(National Church Health Coordinator)

Name:.....

Signature:.....

(Head of Institution)

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11. FOR OFFICE USE ONLY

- a. All Documents Received
- b. Evidence Of Church Support
- c. Registered With Private Hospitals And Maternity Home Board
- d. Inspection Done
- e. Recommended For Admission
- f. Admission Fees Paid

CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)

MEMBERSHIP APPLICATION FORM

1. Name of Hospital, Health Centre, Clinic

.....
.....

2. Location: Town

.....District.....
Region.....

3. Church to which Health Facility belongs

.....

4. Which of the following do you belong to?

- a. Christian Council of Ghana
- b. Ghana Catholic Bishops Conference
- c. Ghana Pentecostal Council
- d. Ghana Council of Independent Churches
- e. Independent Church / Religious Organisation
- f. Evangelical Society
- g. Other

5. Are you registered with Private Hospitals and Maternity Homes Board

- Yes
- No

6. State Registration Number

7. Has the Regional/District Health Administration approved of the siting

of the facility at this location?

- Yes
- No

Please submit proof of approval.

8. Submit a written report to support this application using the attached guidelines

9. Submit a formal application letter signed by the head of the Church or his accredited representative.

10. Declaration:

We solemnly declare that we shall abide by the constitution of the Christian Health Association of Ghana and all subsequent directives. Should we act in contravention of the tenets of constitutions we shall accept any sanction imposed by the CHAG Board.

Name

.....**Signature**.....
(National Church Health Coordinator)

Name.....**Signature**.....

...
(Head of Institution)

For office use only

		yes	no
a.	All documents received		
b.	Evidence of Church support		
c.	Registered with Private Hospitals and Maternity Home Board		
d.	Inspection done		
e.	Recommended for Admission		
f.	Admission fees paid		

GUIDELINES FOR CHAG MEMBERSHIP

Institutions that wish to apply for CHAG membership should use the under-mentioned guidelines in furnishing the CHAG Secretariat with as much information as possible.

1. History of the Institution:
 - a. How the Institution came up into being.**
 - b. The number and types of buildings that constitute the set-up.**

2. Church support:
Whether the Institution is supported by a Church.

3. Registration:
Whether the Institution is recognized by the Private Hospital and Maternity Homes Board of the Ministry of Health.
If so, is the RDOH aware of its existence?

4. Profile of the area:
 - a. Population:**
 - **Indigenous inhabitants and their occupation.**
 - **Alien population and what they are engaged in.**
 - b. Geography of the place: Vegetation and types of crops produced.**
 - c. Common diseases prevalent in the area.**

5. Sources of income:

6. Sources of supplies:

7. Staff and bed state:

- a. List of staff employed with their qualifications, indicated seconded staff and those employed by the Institution.
 - b. Bed State and cots
 - c. Number and types of patients seen (monthly, quarterly, half-yearly).
8. General:
Any other relevant information

ANNUAL STATISTICS FOR NEW APPLICANTS SEEKING MEMBERSHIP

Annual Statistics Form

Name of Institution	
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Number of beds		Number
	Adults:	
	Children:	
	Cots:	
	Total:	

Number of Admissions		Number
	Adults:	
	Children:	
	Hospital new-born:	
	Total:	

Number of OPD Consultations		Number
	Adults:	
	Children:	

	Under Five Clinic:	
	Antenatal controls:	
	Total:	

Number of Surgeries		Number
	Major:	
	Minor:	
	Total:	

Number of Deliveries		Number
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Number of X-rays		Number
	Chest:	
	Other:	
	Total:	

Number of new TBC cases (if known)	Number
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Form completed by:

.....

Rank/Qualifications:

.....

Please return this form:

By email to:

By mail to: CHAG Secretariat

NB: Do not forget to send your annual report to CHAG every year.
Thank you!!