



ENAKAD RECRUITMENT (EREC)

Tel No: +447424499352/+233505402991

Email: enakadgroup@gmail.com

Website: <https://enakadgroup.com/>

Admission Form for the EREC Nanny Programme: 2025/2026 Academic Year

Please NOTE: Applicants are permitted to submit only one admission form. Submitting multiple forms will result in immediate disqualification

1. APPLICATION DETAILS

CATEGORY	A	SUPER PREMIUM		B	PREMIUM	
	D	PART-TIME/RELIEVERS		C	STANDARD	
APPLICATION REFERENCE NUMBER: _____						

Paste your Recent
Passport Sized
Photo Here

Important Notice to Applicants:

Applicants are advised that any false statement provided on the application form may result in the denial of admission. If admission has already been granted, such falsehood may lead to immediate withdrawal from the ENAKAD Recruitment Nanny Programme for the academic year.

2. PERSONAL INFORMATION

TITLE: Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs <input type="checkbox"/> Others (Please specify _____)		
SURNAME:	MIDDLE NAME:	SURNAME:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH:	
ETHNICITY:	GHANA CARD DETAILS:	MARITAL STATUS:
REGION:	NATIONALITY:	REGION:

3. CONTACTS INFORMATION

RESIDENTIAL/DIGITAL ADDRESS:	
CELLPHONE NUMBER:	Town/City:
EMAIL ADDRESS:	ZIP CODE:



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4. QUALIFICATIONS

Important Notice to Applicants:

Please review the mandatory requirements for your preferred Nanny category and complete this section accordingly. Ensure all relevant certificates are attached where applicable.

No.	Qualification	Name of Institution	Year Attended	Year of Completion
1	BECE			
2	WASSCE/SSCE			
3	DIPLOMA/HND			
4	BACHELOR DEGREE			

5. SECURITY AND BACKGROUND CHECKS

Please Tick [√] as applicable	YES	NO
Are you or have you ever been a drug abuser or addict?		
Have you ever been arrested or convicted for any offense or crime?		
Have you ever violated, or engaged in a conspiracy to violate, any law in Ghana and beyond?		
Have you ever been involved in, or do you seek to engage in, money laundering?		
Have you ever committed or conspired to commit a human trafficking offense in Ghana or other jurisdictions?		

6. DISABILITY AND HEALTH CONDITIONS

Do you have any form disability or impairment?

YES ☐ NO ☐

If yes, please state _____

Please tick as applicable		YES	NO			YES	NO
1	Diabetes			5	Osteoarthritis		
2	Hypertension			6	Osteoporosis		
3	Rectinopathy			7	Epilepsy		
4	Arthritis			8	Glaucoma		



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7. EMERGENCY CONTACT (Who to contact in case of emergency)

FULL NAME : _____

CELL PHONE : _____

EMAIL : _____

RELATIONSHIP TO APPLICANT: _____

8. CANDIDATE DECLARATION

I, _____, hereby affirm that the information furnished in this application is accurate, complete, and truthful to the best of my knowledge.

I acknowledge that any falsification, misrepresentation, or subsequent determination of ineligibility may subject me to disciplinary actions deemed appropriate by the organization.

SIGNATURE

DATE

