



SOCIAL SECURITY BOARD



National Health Insurance

TENDER APPLICATION FORM  
NATIONAL HEALTH INSURANCE

Category of Services: PRIMARY CARE PROVIDER CLINIC

Name of Applicant: \_\_\_\_\_

Name of Firm/Clinic: \_\_\_\_\_

Address of present Firm/Clinic: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Telephone number: \_\_\_\_\_

Profession of Applicant: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Years of Professional Experience: \_\_\_\_\_

Nationality: \_\_\_\_\_

Professional Associations he/she belongs to: \_\_\_\_\_

\_\_\_\_\_

Education (Summarize the higher education and other specialized studies and trainings of the applicant, indicating the names of the institutions of higher learning, dates or attendance and degrees obtained).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Working Experience: (Beginning with the current position followed by other posts occupied and years of experience for each post)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Catchment Area of Interest:

\_\_\_\_ San Pedro North

\_\_\_\_ San Pedro South

\_\_\_\_ Caye Caulker

Would the Primary Care Provider Clinic remain at the present location, or would you need to relocate?

Remain at the present location \_\_\_\_\_

Relocate to a new address \_\_\_\_\_

If there is need to relocate, kindly provide the address and specify if you plan to build or rent:

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*Copy of Business Certificate is to be attached to the application.*

Please note: This in no way commits you to involvement in the roll out of NHI. It is an expression of interest only which should be followed by the detail proposal. The guide for the proposal will be provided upon your submission of this application. A technical team will visit your premises to evaluate certain elements such as: qualification of professional staff, adequacy of the facility and availability of basic equipment for the provision of services.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_