



ST. PETER'S HOSPITAL, JACOBU –ASHANTI

WARD ADOPTION AGREEMENT

BETWEEN

.....
(ADOPTEE)

AND

ST. PETER'S HOSPITAL, JACOBU (SPH-J)
.....

(CLIENT)

IN RESPECT OF ADOPTING

WARD

.....
ADOPTION AGREEMENT

This agreement is made this between the Client, St. Peter's Hospital, Jacobu on one part and (Herein after referred to as the Adoptee on the other part).

Whereby it is agreed as follows: The client lets and the adoptee takes care and maintain

For the term of ONE YEAR (12 Calendar months) commencing from

REQUIREMENT FOR ADOPTION OF WARDS / BLOCKS

The following and other responsibilities that may become necessary from time to time shall be the requirement that qualifies one to adopt ward(s) / Block(s)

1. To keep the adopted premises in good and habitable condition.
2. To do internal painting and change of curtains annually.
3. To repair/replace electrical, carpentry and plumbing fittings at least quarterly.
4. To tile and keep the floor finish in good condition.
5. To provide equipment support that will be needed for service delivery at ward.

GENERAL CONDITIONS

The Adoptee can terminate this agreement by;

1. Giving one-month notice in writing to the client, vice versa.
2. The agreement is subject to reviews and renewal annually.
3. Inspection of the adopted premises would be carried out by the two parties every three months.

Provided that after the said term of one year, it shall be open to the adoptee and the client to review the agreement upon such terms as to adopt, as shall be agreed upon.

In witness whereof the parties have hereunder set their hands this day

ADOPTEE / REP. [SIGNATURE]

Name of Individual / Organization:

.....

Position:

Address / Tel. No.:

WITNESS: [SIGNATURE]:

Name:

Address / Tel. No.:

.....

CLIENT: [SIGNATURE]:

Name:

(ADMINISTRATOR, SPH-J)

WITNESS: [SIGNATURE]:

(MEDICAL DIRECTOR / REP., SPH-J)

Name:

Position: