## **APPLICATION FORM**

## Ministry of Public Health Health Sciences Education Training Programme

(Please write the name of the programme for which you are applying. A list of the programmes offered is on the last page of this form)

## PROFILE OF APPLICANT

Name in full:	Surname	First Name	Other Names
Sex:	Male	Female	
Date of Birth:	(Please atta	ch a copy of Birth Certifi	cate)
Marital status:	Single Marr	ied Divorced	Other
Nationality:			
Home Address:			
Telephone no:			
Name and Addre	ss of person to be contacted in	the case of emergency:	
Surname	First	Name	Other

Passport Details  Type: Number:  Place of Issue:  Date of Issue:  Date of Expiry:  EDUCATIONAL BACKGROUND  School Attended:  GCE `O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached)  Subjects Proficiency Grade Date of Expire Carde Date of Expire C	Telephone no:			
Type: Number:  Place of Issue:  Date of Issue:  Date of Expiry:  EDUCATIONAL BACKGROUND  School Attended:  GCE ` O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached )	Relationship:			
Place of Issue:  Date of Issue:  EDUCATIONAL BACKGROUND  School Attended:  GCE `O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached )		Passpor	t Details	
Date of Issue:  Date of Expiry:  EDUCATIONAL BACKGROUND  School Attended:  GCE ` O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached )	Туре:		Number:	
Date of Expiry:  EDUCATIONAL BACKGROUND  School Attended:  GCE ` O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached )	Place of Issue:			
School Attended:  GCE `O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached )	Date of Issue:			
School Attended:  GCE `O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached )	Date of Expiry:			
GCE `O` Level / CXC Subjects / GCE `A` Levels Subjects / CAPE (a copy / copies of certificate /s to be attached)		EDUCATIONAL	BACKGRO	DUND
(a copy / copies of certificate /s to be attached)	School Attended:			
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Subjects Tronciency Grade Date of La	(a copy / copies of co			Date of Examination
	Subjects	Proficiency	Grade	Date of Examination
		Proficiency	Grade	Date of Examination

Degree / Diploma /	Institution	Period ( From – To )
Certificate		
151	MPLOYMENT EXPER	IENCE
	MPLOYMENT EXPER	IENCE
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	MPLOYMENT EXPER	IENCE Period
nmary:		
nmary:  Position / Title	Organization	Period
Position / Title  sons for leaving:	Organization	Period
nmary:  Position / Title	Organization	Period
Position / Title  sons for leaving:	Organization	Period
Position / Title  sons for leaving:	Organization	Period
Position / Title  sons for leaving:	Organization  s of two (2) referees:	Period

## DECLARATION BY APPLICANT

(A) I, hereby declare and certify that the statements made by me or this form are true and correct to the best of my knowledge.
(B) I declare that I am prepared to be on a bond with the Government of Guyana after the period of training.
To be completed by the <b>Head of Department</b> for persons currently employed by the <b>Health Sector</b>
Recommended
Signature of Head of Department
FOR OFFICIAL USE ONLY
Applicant's Name
Completed applications should be sent to:
Director, Division Health Sciences Education Ministry of Public Health, Fort Street Kingston, Georgetown.
Georgeown.

**NOTE:** Any applicant who is discovered to be withholding information or supplying false information will be disqualified immediately

Applicants must be the holder of a Passport, Taxpayer Identification Number, Birth Certificate and National Identification Card