

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

Personal Details

Name in full:
Surname First Name Other Names

Sex: Male Female

Date of Birth: (Please attach a copy of Birth Certificate)

Marital status: Single Married Divorced Other

Nationality:

Home Address:

Telephone no:

Name and Address of person to be contacted in the case of emergency:

Surname First Name Other

Post Secondary/Professional Education:

Degree / Diploma / Certificate	Institution	Period (From – To)

EMPLOYMENT EXPERIENCE

Summary:

Position / Title	Organization	Period

Reasons for leaving:

.....

Please submit names and addresses of two (2) referees:

(1) Name:

Address:

(2) Name:

Address:

DECLARATION BY APPLICANT

(A) I, hereby declare and certify that the statements made by me on 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 **Head of Department** for persons currently employed by the **Health Sector**.

Recommended Not Recommended
Comments:
.....
.....

Signature of Head of Department.....

FOR OFFICIAL USE ONLY

Applicant's Name.....
Application checked by..... Date.....
Accepted Rejected

Completed applications should be sent to:

**Director,
Division Health Sciences Education
Ministry of Public Health,
Fort Street Kingston,
Georgetown.**

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