



Student Application Form

MINISTRY OF HEALTH, GUYANA
HEALTH SCIENCES EDUCATION

10 Fort Street Kingston, Georgetown

TEL: (592)231-1243, 231-1244

E-MAIL: hsetraining@health.gov.gy

Application date: _____ Name of Programme: _____

Personal Details

Surname

First Name

Maiden Name

Other Name

Gender:

Male

Female

Date of Birth:

Age:

E-mail:

Please attach copy of your birth certificate.

Marital status:

Single

Married

Divorced

Common-law

Country of Birth:

Nationality:

Home Address:

Region:

Telephone no: Cell: Home

Passport Details/Identification

NIS No. TIN

Passport Type: Passport Number:

Place of Issue: Date of Issue: Expiry Date:

Please attach a copy of your passport photo.

Educational Background

School(s) Attended: 1.
 2.

Secondary: GCE `O` Level / C SEC Subjects / GCE `A` Levels Subjects / CAPE
(Attach copy/s of certificate/s)

Subjects	Proficiency	Grade	Date of Examination

Post-Secondary/Professional:

Please attach copy(s) of certificate

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

Nursing License (If Applicable)

License No: Type: Date Renewed:

Employment Experience

Position / Title	Organization	Period (Start-To

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Reason for leaving:

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Emergency Contacts

Surname: First Name: Other Name:

Address:

Telephone No: Relationship:

State any known Medical Condition/s that you have:

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References (2)

Name	Address	Telephone Number	Email 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 enter into a contractual agreement with the Government of Guyana after the period of training.

(c) Any applicant who is discovered to be withholding information or supplying false information will be disqualified immediately.

Signature of Applicant: _____

Note: To be completed by the **Head of Department**

Recommended:

Not Recommended

Comments:

Signature of Head of Department: _____

Date: _____