

# APPLICATION FORM

## Ministry of Health Health Sciences Education Training Programme

Name of Programme you are applying for:

.....

### PROFILE OF APPLICANT

#### Personal Details

Name in full:

Surname

First Name

Other Names

Gender:

Male

Female

Date of Birth:

(PLEASE ATTACH A COPY OF BIRTH CERTIFICATE)

Age:

Marital status:

Single

Married

Divorced

Other .....

Nationality:

Home Address:

Region:

Telephone No:

Email:

Date of Application: \_\_\_\_\_

Revised 2021

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

Surname

First Name

Other

Address:

Telephone No:

Relationship:

### Passport Details

Type:

Number:

Place of Issue:

Date of Issue:

Date of Expiry:

Date of Application: \_\_\_\_\_

*Revised 2021*



## EMPLOYMENT EXPERIENCE

### Summary:

Position / Title	Organization	Period

Reasons for leaving: .....

.....

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

(1) Name: .....

Address: .....

Telephone No. ....

(2) Name: .....

Address: .....

Telephone No. ....

Date of Application: \_\_\_\_\_

*Revised 2021*

**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:

**Permanent Secretary  
Ministry of Health  
Lot 1 Brickdam,  
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***

Date of Application: \_\_\_\_\_