



MINISTRY OF HEALTH

APPLICATION FOR PRE-REGISTRATION INTERN POSITION

A. Personal Data

Name: _____ Age: _____

Nationality: _____ Sex: Male Female

Address: _____

Email Address: _____

Phone No.: (H) _____ Cell: _____ Marital Status: _____

Next of Kin: _____ Relationship: _____

Address of Next of Kin: _____

Medical School of Graduation: _____

Country of School: _____ Year of completion: _____

Degree: _____

B. Approved health facilities for assignment

1. University Hospital of the West Indies
2. Ministry of Health Hospitals

For (B) the choices are as follows:

- (i) Kingston Region (KPH, VJH, BHC)
- (ii) St. Ann's Bay Hospital
- (iii) Annotto Bay Hospital
- (iv) Cornwall Regional Hospital
- (v) Mandeville Regional Hospital
- (vi) Spanish Town Hospital
- (vii) May Pen Hospital
- (viii) Savanna-la-mar Hospital

Please indicate 1st choice: _____

Please indicate 2nd choice: _____

The Intern will be assigned to one institution for the duration of the twelve (12) month internship period

Submit the completed Form to the University Hospital of the West Indies (Deans Office)/the Regional Health Authority/Ministry of Health (Head Office)

Signature: _____

Date: _____

For Official Purposes Only

Approved assignment:

Date: _____

Prepared By: Health Services Planning and Integration June 24, 2010

Revised: May 2017