UNIVERSITY OF THE WEST INDIES

APPLICATION FOR PRE-REGISTRATION POST

(Please note every effort will be made to match applications with desired posts, but it may not be possible to satisfy every wish)

Please be sure to provide adequate contact information.

NAME			AGE	
NATIONALITY_				
Date of entry in	nto Faculty			
PASSED (date)	Premedical			
	Preclinical			
	Pharmacology			
	Pathology & Micro	bbiology		
	Medicine			
	Surgery			
	Obstetrics & Gyna	ecology		
Additional Qua				
Do you hold aw	vards? (scholarship	, bursary, etc)		
Marital Status_		Children	Ages	
Do you have ar	ny commitment to s	erve in any territory?		
Have you appli	ed for a post outsid	e the West Indies?		
Campus at whi	ch graduating			

ORDER OF PREFERENCE OF HOSPITAL FOR INTERNSHIP

Hospitals	1	
(Name and country)	2	
Discipline		
21361pm.c		
Note: The order of rotation of di have to be done by rando		ual spread of interns among specialties, so some re-allocation may
Address (present)		
Address (after exam c	ompleted if different)	
Address (after examite	ompieted if differency	
Permanent home add	ress	
Tel Emer	gency contact	Email address
Signed		

HOSPITALS AVAILABLE FOR INTERNSHIP

Queen Elizabeth Hospital, Barbados Princess Margaret Hospital, Dominica Victoria Jubilee Hospital, Jamaica Kingston Public Hospital, Jamaica St. Ann's Bay, Jamaica Hope Medical Complex, Trinidad

San Fernando General Hospital, Trinidad

Princess Margaret Hospital, Bahamas University Hospital of the West Indies, Jamaica Cornwall Regional Hospital, Jamaica Spanish Town Hospital, Jamaica Kingstown General Hospital, St. Vincent Port of Spain General Hospital, Trinidad