



MINISTRY OF HEALTH/UNIVERSITY HOSPITAL OF THE WEST INDIES

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: _____

Year of Graduation: _____ 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) Cornwall Regional Hospital
- (iv) Mandeville Regional Hospital
- (v) Spanish Town Hospital
- (vi) May Pen Hospital
- (vii) Savanna-la-mar Hospital

Please indicate choice: _____

NB: 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: _____

<p><u>For Official Purposes Only</u></p> <p>Approved assignment:</p> <p>_____</p> <p>Date: _____</p>

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