

# APPLICATION FORM: MEDICAL COMMUNITY SERVICE 2007



This is an important document. Please complete carefully and accurately in **BLOCK LETTERS** with **BLACK INK** after reading through the letter re: public service/community service. After full completion kindly submit it with a copy of both the application form as well as your ID document to your hospital **Superintendent's office**, from whom it will be sent to the **Provincial Co-ordinator**. No faxed application forms shall be accepted by the National Office. All applications should be received at the National Department of Health in Pretoria not later than **15 May 2006**

Surname		First Names				ID No (attach copy of ID document)			
Gender		Race (for monitoring and statistical purposes)			Marital Status (attach marriage certificate)			Citizenship	
M	F	African	White	Coloured	Indian	Married	Single	Internship completion date:	
						Do you have a driver's License	Yes	No	License Code:
Where are you doing your internship? Hospital _____ Province _____					University where you graduated			HPCSA registration No:	

Current Address (During your Internship)		Permanent Address (Home after internship)	
Residential		Residential	
Postal		Postal	
Telephone No:		Telephone No:	
Cell phone No:		Fax No:	

I, \_\_\_\_\_ (full names) hereby apply for a community service post for a period of one year at one of the following health facilities, listed hereunder.

You may rotate within a health facility complex including an Academic, Regional and / or a District hospital, Community Health Centre and fixed/mobile clinic(s). If you are a provincial bursary holder, all five choices must be in the province concerned. If you are on the SAMHS staff establishment or a SAMHS Civilian bursary holder, you must do your service at a military complex. **Please choose one first choice and 4 other equally weighted choices in the spaces provided below.**

Health Facility	Province	Priority
		1 <sup>st</sup> choice
		Alternative choice
		Alternative choice
		Alternative choice
		Alternative choice

Accommodation needed?	<b>Y</b>	<b>N</b>	If Yes, Number of Adults?		Number of Children?	
Additional Information regarding placement: _____ _____						
(Please supply information on a separate sheet should this space provided be insufficient)						

Do you have any bursary obligations? **Yes / No** If **Yes**, indicate province/ department \_\_\_\_\_

*I hereby declare that the above particulars are complete and correct and I understand that any false information supplied could lead to the alteration and disciplinary steps being taken against me by the Health Professions Council of South Africa.*

Signed : \_\_\_\_\_

Date : \_\_\_\_\_