



# APPLICATION FORM

## MEDICAL INTERNSHIP 2007-2008

THIS IS AN IMPORTANT DOCUMENT. PLEASE COMPLETE CAREFULLY AND ACCURATELY IN **BLOCK LETTERS** WITH **BLACK INK** AND SUBMIT, IN DUPLICATE AND WITH A COPY OF YOUR IDENTITY DOCUMENT, TO YOUR DEAN'S OFFICE, FROM WHERE IT WILL BE SENT TO THE DEPARTMENT OF HEALTH IN PRETORIA. ALL APPLICATIONS SHOULD BE RECEIVED IN PRETORIA NOT LATER THAN 26 JUNE 2005. **NO FAXED APPLICATION FORMS SHALL BE ACCEPTED.**

Surname	First Names	ID Number <i>(Attach copy of ID Document)</i>
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Gender	Race <i>(for monitoring &amp; statistical purposes)</i>	Marital Status <i>(Attach copy of marriage certificate)</i>	Citizenship								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><i>M</i></td> <td style="width: 50%; border: none;"><i>F</i></td> </tr> </table>	<i>M</i>	<i>F</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><i>African</i></td> <td style="width: 25%; border: none;"><i>White</i></td> <td style="width: 25%; border: none;"><i>Asian</i></td> <td style="width: 25%; border: none;"><i>Coloured</i></td> </tr> </table>	<i>African</i>	<i>White</i>	<i>Asian</i>	<i>Coloured</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><i>Married</i></td> <td style="width: 50%; border: none;"><i>Single</i></td> </tr> </table>	<i>Married</i>	<i>Single</i>	
<i>M</i>	<i>F</i>										
<i>African</i>	<i>White</i>	<i>Asian</i>	<i>Coloured</i>								
<i>Married</i>	<i>Single</i>										

University:	Student Number:
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Are you a Bursary Holder?	Yes	No	If yes, from which Provincē/ Department?	Are you on the SAMHS staff establishment?	Yes	No
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Student Residential Address <i>(Will be used from April – Oct 2006)</i>	Permanent Residential Address <i>(Will be used from Nov – Dec 2006)</i>
Postal Address	Permanent Tel No:
	Student Tel No:
	Cell No:
	Fax No:

I, \_\_\_\_\_ hereby apply for an internship post for a period of two years at one of the following hospitals(complexes).

- Please read through the letter Re: Internship before completing this application for m.
- You are not allowed to include more than THREE central hospitals on your list
- If you are on the SAMHS staff establishment, or a SAMHS civilian bursary holder you must do your internship at a military hospital.

**1<sup>st</sup> CHOICE:** \_\_\_\_\_

**OTHER CHOICES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodation needed	Yes	No	Number of adults		Number of children	
Additional information regarding placement <i>(If this space is not sufficient, please use a separate sheet).</i>						

*I declare that the above particulars are complete and correct and I understand that any false information supplied will lead to my placement being altered and disciplinary steps being taken against me the Health Professions Council.*

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

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