MINISTRY OF LABOUR, SKILLS AND INNOVATION

CALL FOR APPLICATIONS FOR A 2026/27 GRADUATE INTERNSHIP PROGRAMME (13thCOHORT)

The Government of Malawi through the Ministry of Labour, Skills and Innovation will implement a Graduate Internship Programme in the 2026/27 fiscal year. The main objective of the programme is to facilitate graduate transition from training institutions to work through the on-job training.

QUALIFICATIONS

Young graduates aged 35 and below, who have Bachelor's degrees from accredited Universities and have not benefited from the programme before, are eligible to apply. Candidates whose professions require registration with regulatory institutions should include valid registration certificates.

INTERNSHIP DURATION

All successful graduates will be engaged in the Internship Program for a period of 12 months.

APPLICATION METHOD

All applicants must fill the attached form which can also be accessed at https://www.labour.gov.mw and submit to the nearest Labour Office. Clearly indicate on the subject line **2026/27 GRADUATE INTERNSHIP APPLICATION, 13th COHORT.** The final date of receiving applications is **17th July, 2026.**

MINISTRY OF LABOUR
SKILLS AND INNOVATION
02 JUL 2026
PRIVATE BAG 344, LILONGWE 3

Telephone : 01 773 277

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MINISTRY OF LABOUR, SKILLS

AND INNOVATION

PRIVATE BAG 344

LILONGWE 3

APPLICATION FORM

2026/27 GRADUATE INTERNSHIP PROGRAMME (13th COHORT)

A. PERSONAL DETAILS OF APPLICANT

1) Mr/Ms/Mrs: LAST NAME ..... (2) FIRST NAME.....

3) GENDER *(Please tick where appropriate):* MALE ☐ FEMALE ☐

4)DATE OF BIRTH: DAY..... MONTH ..... YEAR .....

5) NATIONAL IDENTITY *(ATTACH A COPY OF YOUR I.D)*

6) ANY DISABILITY: YES/NO (7) IF YES, PLEASE SPECIFY.....

B. COMMUNICATION

8) MOBILE NUMBER..... (9) E-MAIL.....

9) NEXT OF KIN: NAME.....

10) MOBILE NUMBER.....

11) RELATIONSHIP TO THE NEXT OF KIN.....

C. EDUCATION QUALIFICATION *(ATTACH A COPY OF YOUR DEGREE & TO ALL NURSES, PLEASE INCLUDE A COPY OF YOUR LICENSE OBTAINED FROM THE NURSES COUNCIL OR A NOTIFICATION OF RESULTS)*

12) PROGRAM NAME.....

13) MAJOR.....

14) NAME OF INSTITUTION.....

15) COMPLETION DATE.....

D. LOCATION

16) PREFERED DISTRICT OF SERVICE.....

17) CURRENT PLACE OF RESIDENCE.....

E. BANK DETAILS *(PLEASE PROVIDE **YOUR** VALID BANK ACCOUNT)*

18) NAME OF THE BANK: .....

19) BRANCH : .....

20) ACCOUNT NAME : .....

21) ACCOUNT NUMBER : .....

F. AFFIRMATION /DECLARATION BY APPLICANT

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE MINISTRY OF LABOUR RESERVES THE RIGHT TO REJECT MY APPLICATION OR TERMINATE ENROLLMENT SHOULD THE INFORMATION GIVEN ABOVE BE FOUND TO BE INCORRECT. I AM ALSO AWARE THAT THE MINISTRY RESERVES THE RIGHT TO PLACE ME WHERE IT DEEMS TO BE NECESSARY AND SUBJECT TO AVAILABILITY OF SPACE.

FULL NAME OF APPLICANT.....

SIGNATURE..... DATE: .....

ALL APPLICATIONS SHOULD BE ADDRESSED TO: **THE PRINCIPAL SECRETARY, MINISTRY OF LABOUR, SKILLS AND INNOVATION, P/BAG 344, LILONGWE 3.** APPLICATIONS CAN BE SUBMITTED TO THE NEAREST LABOUR OFFICE.

THE FINAL DATE OF RECEIVING APPLICATIONS IS **17th JULY, 2026**