Telephone : 01 773 277

Fax : 01 773 805

E-mail: labour@labour.gov.mw



MINISTRY OF LABOUR

PRIVATE BAG 344

LILONGWE 3

APPLICATION FORM

2023/24 GRADUATE INTERNSHIP PROGRAMME (9th 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. PREFERED DISTRICT OF SERVICE

……

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

16) NAME OF THE BANK : ……..

17) BRANCH : ……..

18) ACCOUNT NAME : ……

19) 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 SENT TO:

THE PRINCIPAL SECRETARY

MINISTRY OF LABOUR

P/BAG 344

LILONGWE 3

OR THROUGH EMAIL: **recruitment@labour.gov.mw**