

Serial N°:

submit 1 original copy together with copies of certificates and other relevant supporting documents

Passport
Picture

CAPE COAST TEACHING HOSPITAL
MEDICAL INTERNSHIP / ATTACHEMENT FORM

1. Personal Details

Surname:

Other Name(s):

(Please use name as indicated in your official documents)

Sex: Male

Female

Date and place of Birth:

Date:

Place of Birth:

Personal address:

Phone N°:

Email:

Nationality:

Passport N°:

Place and date of issue:

Expiry Date:

Person to notify in case of emergency:

Phone N°:

2. Internship details

Indicate occupation: Student Other Specify Other:.....

If you are a student, indicate (tick) appropriately the programme you are currently pursuing

<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Public Health
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Social Work	<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Occupational Health
<input type="checkbox"/> Other (Specify)			

Type of Attachment: Choose from options below the type of attachment you are applying for.

<input type="checkbox"/> Clinical Internship	<input type="checkbox"/> Medical Elective	<input type="checkbox"/> Vacation Attachment	<input type="checkbox"/> Others
Specify Other			

Duration for Attachment: Indicate the period of attachment, including start dates and end dates.

Duration (eg. 2 weeks, 4 weeks etc.)	Start Date	End Date

3. Institution: Indicate institution (university, college, etc.) where candidate is currently training.

Name of Institution:

Address:

Phone n°:

E-mail:

Type of Institution:

<input type="checkbox"/> University	<input type="checkbox"/> Polytechnic	<input type="checkbox"/> Health Training	<input type="checkbox"/> Others
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4. Language Proficiency

Please tick appropriately to indicate your proficiency levels in the language(s) as indicated below. Apart from English the rest of the languages must be indicated by you.

Language (additional languages apart from English must be stated)	(Speak)	Read	Write
English			
Other 2:			
Other 3:			
Other 4:			

5. Referee (Referee must be an accredited official of educational institution or organization sending the candidate)

1. Name:

Address:

Occupation:

Period within which he has known you.

6. Declaration

I certify that the information given on this form is correct.

Date:

Signature:

For Office Use Only:

Placement decision: Accepted Not Accepted Not Decided

Language training: Needed Not Needed

Assessed by (Internship Coordinator):

Date of Assessment

Signature:

Endorsed by (Head HR): _____

Date: _____

Signature: _____