

GOVERNMENT OF MALAWI



CALL FOR APPLICATIONS FOR A GRADUATE INTERNSHIP

MINISTRY OF LABOUR

GRADUATE INTERNSHIP VACANCY POSITIONS

The Government of Malawi through the Ministry of Labour will implement a Graduate Internship Programme in the 2022/23 fiscal year. The main objective of the program is to ease graduate transition from training institutions to work through the on-job training.

QUALIFICATIONS

Young graduates aged 35 and below, who have university 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 into the Internship Programme for a period of 12 months from 1st December, 2022 to 30th November, 2023.

APPLICATION METHOD

Applications for the internship positions should include a simple letter of intent to be considered for internship, a completed application form, and attachments of photocopies of degrees and valid National Identity Card. All applications should be addressed to the Secretary for Labour, P/Bag 344, Lilongwe 3. Applications can also be submitted by hand at the Ministry of Labour Headquarters, Capital Hill. (Clearly indicate on the envelope **GRADUATE INTERNSHIP APPLICATION**). The final date for receiving applications is 28th October, 2022.

NOTE: All applicants must fill the attached form below



Telephone : 01 773 277

Fax : 01 773 805

E-mail: labour@labour.gov.mw



MINISTRY OF LABOUR

PRIVATE BAG 344

LILONGWE 3

APPLICATION FORM

GRADUATE INTERNSHIP PROGRAM

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 NUMBER (*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. PREFERRED 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