

READMISSION FORM

GRADUATE INTERNSHIP PROGRAM

A COHORT (Please tick where appropriate):

FIRST cohort
(Joined program
in 2018/19)

SECOND cohort
(Joined program in
2019/20)

B. PERSONAL DETAILS OF APPLICANT

Mr/Ms/Mrs: LAST NAME FIRST NAME.....

GENDER (Please tick where appropriate):

MALE

FEMALE

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

NATIONAL IDENTITY NUMBER

(ATTACH COPIES OF YOUR NATIONAL ID AND DEGREE (Not C.V.))

DISTRICT OF RESIDENCE/SERVICE.....CURRENT WORKPLACE.....

DEPARTMENT/SECTION.....

MOBILE NUMBER..... E-MAIL.....

E. 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, SKILLS AND INNOVATION RESERVES THE RIGHT TO REJECT MY APPLICATION OR TERMINATE ENROLLMENT SHOULD THE INFORMATION PROVIDED 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. **I AM ALSO AWARE THAT PROVIDING FALSE INFORMATION IS A PUNISHABLE OFFENCE UNDER THE CONSTITUTION OF MALAWI.**

SIGNATURE OF APPLICANT..... DATE:

Please submit your form according to the region of your workplace to the following emails:

1. Northern region: csafalaoh@yahoo.com / donwelbon@gmail.com
2. Central Region: statistics@labour.gov.mw / christopher.phiri@labour.gov.mw
3. Southern region: ychawanje@gmail.com / jimmy.mkandawire@labour.gov.mw

Any intern who will not submit their forms by 24th July 2020, will be deemed not interested and will not be included in the program