



ANGLICAN DIOCESE OF UPPER SHIRE (ADUS)

HEALTH DEPARTMENT

P.O. BOX 21, CHILEMA
ZOMBA, MALAWI

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Bishop: *The Right Rev'd Brighton Vitta Malasa*

Application form internship St. Luke's Hospital

Full name: _____

Address: _____

Phone number: _____

E-mail address: _____

Nationality _____

Current educational Institution _____

Current year of study _____

Purpose of internship Medical internship Nursing internship
 Midwifery internship Dental internship
 Research Other internship, specify: _____

Proposed period _____

Is your application linked to another student applying for the same period? YES with: _____
 NO

Motivation for application, please include learning objectives

I wish to apply for an internship in St. Luke's Hospital I have read the information for applicants and understand that an affiliation fee of €495,- per month is payable upon confirmation of the placement.

Signature

Date

Please send the completed application form to stlukeshospitalmalosa@gmail.com