



# MINISTRY OF HEALTH AND SOCIAL SERVICES

Private Bag 13198, Windhoek, Namibia, Tel: +264 61 203 2538 / 2748, Fax No. +264 61 222558

Office number 2E 13 (East wing 2<sup>nd</sup> Floor), MoHSS Ministerial building

## APPLICATION FOR MEDICAL ORIENTATION PROGRAM

This application is not binding on either the applicant or the Ministry of Health and Social Services. All information will be treated as confidential.

**Only shortlisted candidates will be contacted.**

### ACADEMIC YEAR APPLIED FOR:

2	0	2	4
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**Closing Date for Application**

**19 MARCH 2024**

**PASSPORT PHOTO OF APPLICANT (Compulsory)**

Please attach a recent passport photograph of your self

**Instructions:** Use block letters to complete this form where space is provided or place an 'X' in the correct square.

Incomplete applications will not be accepted. Eligible applicants are limited to registered students in practical trainings. All certified documents will be filed; no copies will be returned to applicants. **No faxed applications will be accepted**

### PART 1 ORIENTATION : PROGRAMME

HPCNA Pre-internship Evaluation results attached	Yes	No	
First enrollment to the Medical Orientation Program	Yes	No	

### PART 2: PERSONAL DETAILS

Title:	Mr.		Ms.		Dr.		Other (specify)	
Surname:								
Maiden name								
First names in full								
Postal address: (Note: Postal address of Public Institution, eg. Ministries are unacceptable for this application)						Residential address:		
Telephone number								

Mobile number																											
Fax number																											
E-mail address																											
Date of birth	d	d	m	m	y	y	y	y	I.D No.:																		
Gender	M		F		Marital Status	Single		Married		Citizenship																	
Home town														Region													

### PART 3: DISABILITY

Indicate whether you have a disability	Yes		No	
If 'Yes' please specify				
Based on your disability, do you have special needs?	Yes		No	
If 'Yes' please specify				

### PART 4: APPLICANT'S NEXT OF KIN / LEGAL GUARDIAN PARTICULARS

(To be contacted in case of emergency)

Family relationship with the person whose particulars are supplied													
Father		Mother		Spouse			Guardian						
Title:	Mr.		Ms.		Others (specify)								
Surname:													
First names in full:													
I.D. No.:													
Home address:													
Telephone No.	Home:					Work:					Mobile:		

### Part 5 :TERTIARY EDUCATION

Name of institution			Year		Qualification obtained or enrolled for	
			From	To		

### PART 6: EMPLOYMENT HISTORY

Indicate whether you were employed before	Yes	No		
If 'Yes' Attached proof				
Name of Employer	Year		Duty station	
	From	To		

### Part 7:PRACTICAL TRAINING PLACEMENT DESIRED

Indicate where appointment is preferred in order of preference:	
Hospital	Region
1.	
2.	
3.	

## PART 8.DECLARATION BY APPLICANT

I, the undersigned hereby declare:

To the best of my knowledge and belief the information furnished in this application is true and correct and that if it be found to be false and misleading in any respect, this application may be invalidated and the applicant's placement withdrawn.

**Signature of Applicant:** .....

**Date:** .....

## FOR OFFICIAL USE ONLY

Accepted		Returned		Rejected	
Conditions applicable (if any):					
_____ Program Administrator		_____ Date		_____ Executive Director	
				_____ Date	

### SUPPORT DOCUMENTS (CERTIFIED COPIES)

- Namibian Identification Document (ID)
- Tertiary Education Certificate (Degree/Diploma)
- HPCNA Registration (as student in practical training)
- Bank confirmation Letter
- NAMRA registration

**THE MEDICAL GRADUATES ARE ADVISED TO CHOOSE THE HEALTH FACILITY THAT IS SUITABLE FOR THEM**

1. Katutura Intermediate Hospital
2. Windhoek Central Hospital
3. Okahandja District Hospital
4. Otjiwarongo District Hospital
5. Gobabis District Hospital
6. Ketmanshoop District Hospital
7. St Mary Rehoboth
8. Onandjokwe Intermediate Hospital
9. Oshakati Intermediate Hospital
10. Engela District Hospital
11. Eenana District Hospital
12. Grootfontein District Hospital

- 13. Katimamulilo District Hospital**
- 14. Swakopmund District Hospital**
- 15. Walvis Bay District Hospital**