

**ANGLICAN CHURCH of PAPUA NEW GUINEA
ANGLICAN HEALTH SERVICE**

APPLICATION FOR MEDICAL OR NURSING ELECTIVES

1. PERSONAL DETAILS

Name.....
(Surname) (Christian names)

Sex..... Date of Birth.....

Current Address.....
.....

Fax..... e-mail.....

To which Church do you belong?.....

Are you Baptised/Confirmed/ Full Member.....

What are your leisure activities?.....
.....

Details of any time spent overseas (professional or personal)
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.....

2. TRAINING DETAILS

Name and address of Medical or Nurse Training School.....
.....

Name, Fax and e-mail of contact person (Personal Tutor/Head of Studies)
.....

Date you commenced your training.....

Your registration/index number.....

Details of any previous primary health care experience
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3. YOUR APPLICATION

Dates you wish to come to Papua New Guinea.....

Source of your funding.....

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Why do you wish to come to Papua New Guinea ?.....

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Why do you wish to carry out your elective with the Anglican Health Service?

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Any other information in support of your application.....

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YOUR SIGNATURE.....DATE.....

This form should be returned at least 6 months before your intended visit to:-

**National Health Secretary, Anglican Health Service,
P.O. Box 245, POPONDETTA OP, Papua New Guinea**

Fax (675) 2279 889 e- mail ahspop@global.net.pg

You should also enclose a letter of good standing (original not photocopy) from the Head of Studies at your training institution