

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

APPLICATION FOR MEDICAL OFFICER

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. WORK/TRAINING DETAILS

Name and address of Medical School.....
.....

Medical Degree..... Year Obtained.....

Your certificate number.....

Names and addresses of previous employers.....
.....
.....
.....

Name, Fax and e-mail of first referee (your current employer)
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.....

Name, Fax and e-mail of second referee
.....
.....

3. YOUR APPLICATION

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

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

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Why do you wish to work 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