

Application for Student Elective Placement at MMH

MULANJE MISSION
HOSPITAL



Full Name

Address

Email

Nationality

Passport no.

Proposed dates of placement : from _____ to _____

Current educational institution

Year of study during elective

Is your application linked with another student applying for the same period? Yes No

If so, please give name of the student

Learning objectives:

Other comments or questions

I wish to apply for a student placement at Mulanje Mission Hospital. I have read the information for applicants and understand that an affiliation fee of 150 USD per week (with a ceiling of 1200 USD) is payable upon confirmation of my placement.

Signature

Date

Please send this form together with your curriculum vitae and motivational letter to:

studentcoordinator@mmh.mw (medical students)

or

director@mmh.mw (nursing and midwifery students)