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MINISTRY OF LABOUR, SKILLS

AND INNOVATION

PRIVATE BAG 344

LILONGWE 3

APPLICATION FORM

2026/27 GRADUATE INTERNSHIP PROGRAMME (13th COHORT)

A. PERSONAL DETAILS OF APPLICANT

1) Mr/Ms/Mrs: LAST NAME ..... (2) FIRST NAME.....

3) GENDER *(Please tick where appropriate):* MALE ☐ FEMALE ☐

4)DATE OF BIRTH: DAY..... MONTH ..... YEAR .....

5) NATIONAL IDENTITY *(ATTACH A COPY OF YOUR I.D)*

6) ANY DISABILITY: YES/NO (7) IF YES, PLEASE SPECIFY.....

B. COMMUNICATION

8) MOBILE NUMBER..... (9) E-MAIL.....

9) NEXT OF KIN: NAME.....

10) MOBILE NUMBER.....

11) RELATIONSHIP TO THE NEXT OF KIN.....

C. EDUCATION QUALIFICATION *(ATTACH A COPY OF YOUR DEGREE & TO ALL NURSES, PLEASE INCLUDE A COPY OF YOUR LICENSE OBTAINED FROM THE NURSES COUNCIL OR A NOTIFICATION OF RESULTS)*

12) PROGRAM NAME.....

13) MAJOR.....

14) NAME OF INSTITUTION.....

15) COMPLETION DATE.....

D. LOCATION

16) PREFERED DISTRICT OF SERVICE.....

17) CURRENT PLACE OF RESIDENCE.....

E. BANK DETAILS *(PLEASE PROVIDE **YOUR** VALID BANK ACCOUNT)*

18) NAME OF THE BANK: .....

19) BRANCH : .....

20) ACCOUNT NAME : .....

21) ACCOUNT NUMBER : .....

F. AFFIRMATION /DECLARATION BY APPLICANT

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE MINISTRY OF LABOUR RESERVES THE RIGHT TO REJECT MY APPLICATION OR TERMINATE ENROLLMENT SHOULD THE INFORMATION GIVEN ABOVE BE FOUND TO BE INCORRECT. I AM ALSO AWARE THAT THE MINISTRY RESERVES THE RIGHT TO PLACE ME WHERE IT DEEMS TO BE NECESSARY AND SUBJECT TO AVAILABILITY OF SPACE.

FULL NAME OF APPLICANT.....

SIGNATURE..... DATE: .....

ALL APPLICATIONS SHOULD BE ADDRESSED TO: **THE PRINCIPAL SECRETARY, MINISTRY OF LABOUR, SKILLS AND INNOVATION, P/BAG 344, LILONGWE 3.** APPLICATIONS CAN BE SUBMITTED TO THE NEAREST LABOUR OFFICE.

THE FINAL DATE OF RECEIVING APPLICATIONS IS **17th JULY, 2026**