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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) PREFERRED 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**