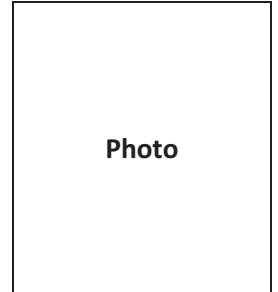


**APPLICATION FOR RXDX INTERNSHIP PROGRAM**



*In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter by April 25th 2011 for the 1st session (beginning May 2nd) and May 25th for the 2nd session(beginning June 6th).*



NAME :

DATE OF BIRTH :  GENDER:

GRADE :  6 - 8  9 -12  >12

BLOOD GROUP :

RESIDENCE ADDRESS :

**CONTACT NUMBER**

LAND LINE :  MOBILE:

EMERGENCY NUMBER :

SCHOOL NAME & ADDRESS:

PARENT /GUARDIAN (NAME):

**Please tick the applicable, if "YES" please provide necessary document**

FOOD ALLERGIES	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ALLERGIES TO MEDICINES	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
PAST MEDICAL HISTORY	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ANY SURGERIES	:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**Session applying for:**      **May 2<sup>nd</sup> - 30<sup>th</sup>**   **OR**   **June 6<sup>th</sup> - July 4<sup>th</sup>.** Please circle the session you are opting for.

***Please provide documentation of any past immunization history***

***Please enclose an essay, in less than 1000 words, stating the benefits of pursuing internship at Telerad RxDx clinic or in the healthcare sector, the area/s in which you are interested, and your personal and professional goals.***

**Checklist of documents:**

Completed application form

ID proof

2 passport size photographs

Address proof

Statement of intent

Immunization history and essay are mandatory

**Students Signature:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_