



Cutting Edge Medicine and Advocacy, Regardless of Ability to Pay

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The AHF Summer Employment Programme focuses on giving young people and "at risk youths" the opportunity to gain work experience through our Girls Act Initiative.

SUMMER PROGRAMME

All SECTIONS MUST BE COMPLETED IN FULL. PLEASE PRINT YOUR RESPONSES IN BLUE OR BLACK INK INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Please attach one (1) passport size photo

PERSONAL INFORMATION

1. Title (Mr./Miss/Mrs.): LAST NAME FIRST NAME MIDDLE
2. Date of Birth: (DD/MM/YYYY) ___/___/___ 2b. Gender: Male Female
3. Permanent Address:
4. Contact Information: () - ___ / () - ___
4b. Email Address:
5. ID Type: School ID Passport Driver's Licence National ID 5b. ID #:
6. TRN: ___ - ___ - ___ (Mandatory) 7. NIS: ___ (Optional)
8. Have you ever participated in a Summer Programme before? Yes No
9. Are you currently enrolled in an educational institution? Yes No
9b. If yes, state the name of the institution:
10. Area of Interest: Customer Service Data Entry Finance Administration Computer-based Application Other
11. Do you have a Bank Account? Yes No 11b. Please state name of bank:
12. Account #: Branch:
13. Are you a young person from the community of persons with a disability? Yes No
If Yes, please check all that applies: Physical disability Intellectual disability Visual Impaired Deaf Other
14. Are you Computer Literate? Yes No

EMERGENCY CONTACT

15. In case of an emergency please notify:

Title (Mr./Miss/Mrs.): _____

LAST NAME

FIRST NAME

Contact #: _____

Relationship: _____

We consider all applicants for this programme without regard to race, colour, religion, disability, nationality or any other legally protected status. AHF reserves the right to assign participants in July or August based on available placements.

DECLARATION

I declare that the above information is true to the best of my knowledge. I am aware that any false or misleading information will result in my application being rejected.

I have attached the following supporting documents:

(Tick as indicated)

Valid ID (copy)

TRN (copy)

Resume

One Passport Size Picture

Essay "Why Should I be Selected?"

NIS

I acknowledge that failure to submit a fully completed form and required documents will result in my application being delayed or rejected.

Signature

Date

Thank You for your application. We look forward to working with you this summer.

OFFICIAL USE

Date Received: _____

Status: Complete

Incomplete

Decision: Recommended

Not Recommended

Comments: _____

Verified by: _____

Date: _____