



# Bermuda Hospitals Board

CARING FOR OUR COMMUNITY

# Application Form

Last Name: \_\_\_\_\_ First Name: (do not use initials) \_\_\_\_\_

Date of Birth:     /     /      
                  DD    MM    YY

Place of Birth: \_\_\_\_\_

Bermuda Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Overseas Address: \_\_\_\_\_  
(if applicable) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Names of closest relatives in Bermuda: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High Schools Attended:

Name of School	Country	From	To
1. _____			
2. _____			
3. _____			
Colleges/Universities Attended: 1. _____			
2. _____			
3. _____			

Qualifications earned (e.g. Grade, R.S.A., G.C.E., B.A., etc.) \_\_\_\_\_

a) Proposed course of study \_\_\_\_\_

b) Commencement of course \_\_\_\_\_

c) Have you been admitted to a place of study? \_\_\_\_\_

d) Name of institution (if Yes to 'c') \_\_\_\_\_

e) Earliest date of completion \_\_\_\_\_

f) Qualification sought \_\_\_\_\_

*Continued overleaf*

# Application Form



Continued from overleaf

Have you previously applied to Bermuda Hospitals Board or any other organization for financial assistance?  Yes  No

If Yes, which Award(s): \_\_\_\_\_

Were you successful?  Yes  No If Yes, which Award(s) \_\_\_\_\_

Date Award Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of Award: \$ \_\_\_\_\_  
DD MM YY

Are you familiar with the Regulations as set out in the Bermuda Hospitals Board Student Manual?  Yes  No

Are you now or have you previously been employed by the Bermuda Hospitals Board?  Yes  No

If Yes, which Department? \_\_\_\_\_ Position \_\_\_\_\_

Period of employment, from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY DD MM YY

If Yes, give details re dates and/or nature of service \_\_\_\_\_

Please add any additional information to substantiate your request. (Use separate sheet if more space is required.)

List extracurricular activities: \_\_\_\_\_

Are you a past/present Bermuda Hospitals Board Volunteer?  Yes  No If Yes, which Department? \_\_\_\_\_

Period of from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY DD MM YY

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Office Use Only:

DECISION:  APPROVED  DENIED Years Given (circle) | 2 3 4 AMOUNT: \$ \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*Chairman Workforce Development*