

HEALTH-AID ONLUS

**Italian-Ghanaian Project**

for the Rural-deprived in Saboba District

**www.health-aid.org**

E-mail: healthaidonlus@gmail.com

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| APPLICATION FORM |
| Surname……………………………….First Name…………………………..Date and place of birth……………………………………………Age……...Passport # …………………Sex………Nationality………………………….Address………………………………..Zip Code…………………………….Town/City……………………………..Country……………………………..Phone……………………. E-mail…………….………………...................Occupation.....….……………………………………………………………..Health Professional Yes No Other........................................................English language BASIC INTERMEDIATE FLUENTParticular Skills…………………………………………………………………………Period: 1st choice from…………………..……to…………………………. 2nd choice from………………………..to…………………………. 3rd choice from………………………..to………………………….I would like to partecipate as Health Worker Logistician Educational Worker Supporter VisitorREMARKS………………………………………………………………….. |
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Please fill in the AF and send it with A.YOUR PHOTO
To: B. MOTIVATION LETTER

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