

HEALTH-AID ONLUS

**Italian-Ghanaian Project**

for the Rural-deprived in Saboba District

**www.health-aid.org**

E-mail: [healthaidonlus@gmail.com](mailto:healthaidonlus@gmail.com)

|  |
| --- |
| 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 FLUENT  Particular 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  Visitor  REMARKS………………………………………………………………….. |
|  |

Please fill in the AF and send it with A.YOUR PHOTO  
To: B. MOTIVATION LETTER

Dr. DIEGO MANZONI

**Via Roma, 5**

**I-24060 BAGNATICA (BG) Italy   
Tel. +39 338 2905699**

**E-mail**: [healthaidonlus@gmail.com](mailto:healthaidonlus@gmail.com)