HCD-QR-T132

INSTITUT JANTUNG NEGARA www.ijn.com.my
No. 145, Jalan Tun Razak, 50400 Kuala Lumpur. Tel : (603) 2617 8200 Fax : (603) 2698 2824

Please send your completed
application form and documents to :
Learning & Development Unit
Human Capital & Organizational Development

INSTITUT JANTUNG NEGARA
National Heart Institute

S/N-IT : _____
Rqst letter dd : _____
☞ Reply by : _____

APPLICATION FOR INTERNSHIP

☐ Undergraduate   ☐ Master Programme Student (currently employed / unemployed)

Name of current Hospital/University: _____

Training in Dept.

Please tick (/) the relevant department

Clinical Elective Posting	Allied Health Posting	Industrial Training	Nursing
Cardiothoracic Surgery	Physiotherapy	Human Capital & Org. Dev.	Intensive Care Unit (CCU)
Cardiology	Lab & Blood Services	Corporate Communication	Critical Care Unit (CCU)
Anaesthesia & Intensive Care	Dietetics & Food Services	Marketing & Medical Tourism	Invasive Cardiac Lab (ICL)
Pediatric Cardiology	Radiology	Facilities Management	Non-Invasive Cardiac Lab (NCL)
Other Dept. (pls specify):			

Kindly fill up the details of Applicant:

1	Name of Applicant:		5	Nationality:	
2	NRIC/Passport No:		6	HP Contact No:	
3	Date of Birth:		7	E-mail Address:	
4	Age:		8	Mailing Address:	

PROPOSED SELECTIVE/ELECTIVE POSTINGS/SUB-SPECIALTY

Total duration for Internship (please indicate day, month and year)			
Posting in Department	From	To	Duration
1			
2			
T O T A L D U R A T I O N			

SUPPORTING DOCUMENTS CHECKLIST (please scan & attach in PDF format)		
No. Documents	**Yes/No**	**Remarks**
1 Letter confirming student/employment status (oroginal letter with university/hospital letterhead)		
2 Areas of Intent for Internship (Research topic/log book/thesis data gathering)		
3 Copy of academic transcript from 1st semester until current semester) *Certified true copy*		

REQUESTED BY   **SUPPORTED BY**   :

_____   _____
Full name of Applicant (IN BLOCKS)   Name & Signature   *(Dean of University/Superior to applicant)*

_____   _____
Signature of Applicant   Designation

_____   _____
University/Organisation's Name & Address   University/Organisation's Name & Official Stamp

Tel. : _____ Date : _____   Tel. : _____   Date: _____

(The portion below is for IJN's office use only)
RECOMMENDATION BY :   **ASSIGNMENT OF STUDENT/TRAINEE TO :**

Accept	
Reject	

_____   _____
LEARNING & DEVELOPMENT UNIT   Date   **NAME OF CONSULTANT / SUPERVISOR**

Effective Date: 8 July 2020