



Bermuda Hospitals Board

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

