

OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL

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SIWES / INDUSTRIAL TRAINING APPLICATION FORM

Ref: HR/SIWES/001 | Rev: Jan 2025

Please complete all sections in BLOCK CAPITALS. Attach certified copies of all certificates and credentials.

STUDENT INFORMATION

Surname	Other Names
<input type="text"/>	<input type="text"/>
Date of Birth	Gender
<input type="text"/>	<input type="text"/>
Institution	Faculty / Department
<input type="text"/>	<input type="text"/>
Level / Year of Study	Matric / Student No.
<input type="text"/>	<input type="text"/>
Phone Number	Email Address
<input type="text"/>	<input type="text"/>
Residential Address	
<input type="text"/>	

PLACEMENT DETAILS

Department / Unit of Interest	
<input type="text"/>	
Proposed Start Date	Proposed End Date
<input type="text"/>	<input type="text"/>
Duration (weeks)	Supervised by Institution?
<input type="text"/>	<input type="text"/>
Name of Institution Supervisor / Coordinator	
<input type="text"/>	
Supervisor Phone	Supervisor Email
<input type="text"/>	<input type="text"/>

SUPPORTING INFORMATION

Relevant Courses / Skills
<input type="text"/>
What do you hope to gain from this placement?
<input type="text"/>

DECLARATION

I hereby certify that the information provided in this form is true, complete and correct to the best of my knowledge.
I understand that any misrepresentation may result in disqualification or termination of employment.

Applicant's Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>