

Call for Applications.

**Two week overseas training for Medical Record Officers/ Medical Record Assistants and Officers attached to Medical Record Offices.**

Health Information unit in the Management, Development and Planning Unit of the Ministry of Health wishes to select two Medical Record Officers/ Medical Record Assistants and Officers attached to Medical Record Offices who are working in the medical record offices of the health institutions for a two week overseas training.

Applications are called from the Medical Record Officers/ Medical Record Assistants and Officers attached to Medical Record Offices for the above training program .Application form can be downloaded from the Ministry of health website <http://www.health.gov.lk> Training/International.

Please submit your duly filled application to the following address on or before 10 April 2014 with the recommendation of the head of the institution.

e-mail: [mohi1-info@health.gov.lk](mailto:mohi1-info@health.gov.lk)

or

Director Health Information  
Health Information Unit,  
Management,Development and Planning Unit  
Ministry of Health,  
Suwasiripaya,  
385, Rev.Baddegama Wimalawansa Mw, Colombo10

Applicants must fulfill the following requirements.

1. Should be permanent in service.
2. Should be below 55 years of age on the closing date of application.
3. Will have to serve as a trainer in the medical record offices upon completion of training.
4. Preferences will be given to those officers who have not received fellowship opportunities in last 5 years.

Deputy Director General of Health services (Planning)  
Management, Development and Planning Unit,  
Ministry of Health  
"Suwasiripaya"  
Colombo 10

**APPLICATION FORM FOR TWO WEEKS OVER-SEAS TRAINING FOR MEDICAL RECORD OFFICERS /MEDICAL RECORD ASSISTANTS.**

1. Name of the applicant	
2. Designation	
3. Present place of work	
4. Permanent address and contact number	
5. Date of Birth	
6. Age on the closing date of the application	
7. National Identity card Number	
8. Educational qualifications	
9. Professional qualifications	
10. Number of years worked as a MRO/MRA/Officer working in MR office	
11. Have you received a fellowship within past 5 years?	
12. If 'yes' give details. Name of the program	
Duration	
Give details of the activities you engaged following the training	

I certify that the above particulars given by me are true and correct

Date ..... Signature of applicant .....

Recommendation of the head of the Institution

Recommended/ Not Recommended

Date ..... Signature of Head of the Institution .....