**TRAINEESHIP ENROLMENT – APPLICATION FORM**

This form has to be completed by the applicant. Ensure that all fields are completed before the submission.

|  |  |  |
| --- | --- | --- |
| Applicant’s Name, Last name  | Year of studies  | Faculty |
|  |  |  |
| Training institution name (where you apply)  | Telephone number  | Email:  |
|  |  |
| GPA | Language proficiency level |
|  |  |

I declare that I have carefully read and fully understood the conditions of the participation in recruitment process and hereby I apply to the traineeship at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ proposed to start on

Training institution name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

DD-MM-YYYY

I require an English language exam: **Yes / No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of the applicant Date DD-MM-YYYY

Applicant’s photo

|  |
| --- |
| Requested departments[[1]](#footnote-1): |
| 1st choice |
| 2nd choice |

1. please specify 2 preferred specialties:

(i.e. 1st choice: paediatrics, 2nd choice: ophthalmology, etc. If you would like to undergo 2 weeks in paediatrics and 2 weeks in ophthalmology, please indicate it as follows: 1st choice: paediatrics + ophthalmology) [↑](#footnote-ref-1)