



**Medical Subspecialty Training Opportunity
APPLICATION FORM - Online**

I. Personal Data

Title: (e.g.; Doctor, Staff Nurse)

First name: _____

Father's name: _____

Grandfather's name: _____

Family name: _____

Date of birth: ____/____/____

ID Number: _____

Marital Status: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Fax: Home: _____ Work: _____

Email : _____

Place of current work: _____

Name of nominating organization:



II. Education and Qualifications

Please write the name of university/ universities you obtain your medical/nursing degree.

Degree/ Specialist	University/ Organization/ State	Certification Date

Date of license awarded to practice medicine:



Board Certification(s)

Name and type of specialist: _____ Year: _____

Place: _____

III. Current Work

Who is your current employer? _____

What is your current position? _____

In what city/village/camp do you work? _____

Who is your Direct Supervisor or Head of Department? _____

Please provide their contact details:

Mobile: _____

E-mail: _____

Please provide us with the details of another person in the organization we can contact:

Name: _____

Mobile: _____

Email: _____

Please briefly explain your job responsibilities and duties:

IV. Employment History



Please list the previous positions you have held:

Employment Dates (from - to)	Institution/ State	Position held (full time/part time)	Responsibilities and Duties

Do you have a contract/arrangement with an institution that you will work at upon your return?

Name of Institution, contact person and contact details:

V.Future Plan

Please attach a brief statement (500 words) of why you are interested in this training and how you intend to use it upon your return to Palestine.

Please specify the specialty/sub-specialty that you are interested in:

Please choose the scholarship program (from the below) that you are interested in:

Jordan (specialty only), AUB (subspecialty only), UK (subspecialty only), and Canada (subspecialties only).

Option 1: _____

Option 2: _____

Option 3: _____



Option 4: _____

VI.English Language

In order to be eligible for training, you must provide evidence of your competency in English. You must pass the IELTS exam with a minimum score of 7.0 in each section. If you have taken the IELTS exam, please provide us with the results below, including a copy of the official results from the testing center. If you haven't yet taken this exam, please apply for the exam now and indicate the date you will sit the exam below.

If taken IELTS:

Results: _____

Date of exam: _____

If not yet taken:

Date Enrolled in exam:

Name & Location of Testing Center:

VII.Declaration

I declare that I have completed this application personally as fully and truthfully as I am able. I also understand that by this application, I am entering a competitive process which involves selection from among other candidates, and that my submission in no way guarantees me of a placement and does not constitute final selection by Juzoor for Health and Social Development.

Signature:

Full Name:

Date:

- **The application fee of 100 JOD will be returned to the applicant if his/her application is unsuccessful**