

REGISTRATION FORM

Please answer all questions; please type or write your details in CAPITAL LETTERS AND MAKE SURE THAT NAMES are exactly the same as in your passport. This form should (if possible) be accompanied by a copy of your passport (the page with your name).

Please attach a recent photo here

Purpose of your visit

Period of your planned stay in Denmark

Family name

First name

Other names

Place of work (organisation, address, town, country and phone no.)

Nationality

Place of birth(town, country)

Date of birth

Passport no.

E-mail address (check regularly)

Private mobile phone

Sex

Male Female

Marital status

Single Married

Children

(number)

Whom to notify in case of emergency?

Name:

Relationship:

Address:

Contact no.:

Educational record: please list degrees obtained as well as colleges and universities attended (most recent one first)

Name of institution	Study period (yyyy)		Degree	Specialization
	from	to		

Employment record: it is important for us to receive complete information of your previous and present employments. Please list your present employment first

From	To	Employer	Title and responsibilities

Name and position of your immediate superior:

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Superior's mobile phone and e-mail:

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Duties and responsibilities in present position. Please state your 5 main areas of responsibility

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Your professional interests and career objectives. Please list the 5 most important ones

I declare that the statements given by me in this registration form are true and complete. Furthermore:

- 1 I declare that I will not have any illness, which may prevent me from under-taking the study period. In case of pregnancy my expected delivery is 8 weeks after the last day of the stay. If there is any significant change in my condition between signing this form and leaving for Denmark, I will inform OUH immediately.
- 2 I will at all times conduct myself in a manner befitting my status as a medical trainee
- 3 I shall devote my full time to the training programme as directed by the study place
- 4 I will return to my home country at the end of my training period
- 5 I shall accept to be sent home in the event of either a serious incident/development making me unfit to satisfactorily complete my study period or because of lack of compliance with the 4 points listed above

You are requested to take out a health insurance according to Danish regulations. Copy of this should be sent to study place prior to arrival. You also need to be screened for multi-resitant bacteria. This will be performed on the first day at the hospital.

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Place and date

Signature