VIET DUC UNIVERSITY HOSPITAL

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**APPLICATION FORM**

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| 1. **PERSONAL DATA**
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| 1. Full name: | 4. Passport photo: |
| 2. Gender: [ ]  male [ ]  female |
| 3. Date of birth:  |
| 5. Nationality: Passport number:  |
| 6. Contact information Address:  Tel:  Mobile:  Email:  |
| 1. **EDUCATION**
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| 7. University/Institution (Name): University College Copenhagen Address:  Tel: Email:  Supervisor:  Department:  Tel: +45 Fax: Email:  |
| 8. Department/Faculty: |
| 9. Student: [ ]  Medical student Which year study?  [ ]  Nursing student *Forexample: 6th year study (2014-2015)*  |
| 10. Interested field(s): [ ]  Neurosurgery I or II [ ]  Neurology  [ ]  Cardio-vascular and thoracic surgery [ ]  Pediatric surgery [ ]  Gastroenterology/digestive surgery [ ]  Upper extremities and Sport Trauma[ ]  Lower extremities surgery [ ]  General Orthopedic surgery  [ ]  Emergency abdominal surgery  [ ]  Septic surgery [ ]  Urology surgery  [ ]  Hepato-biliary surgery [ ]  Emergency and first aid  [ ]  Spinal surgery [ ]  Maxillo-facial and plastic surgery  [ ]  Hemodialysis [ ]  X-ray and imaging diagnosis [ ]  Endoscopy [ ]  Intensive care and anesthesia  [ ]  Histopathology [ ]  Oncology  [ ]  Organ Transplantation [ ]  Others: Children's department for acutely ill/critically ill patients. |
| 11. Which previous training/placement program(s) have you done? Please specify name of training program(s)/which hospital/location and time of participation.  Name of training program(s)/ hospital/address  Time of participation (from…to…) (1)  (2)  (3)  |
| 12. What time do you expect to study at Viet Duc Hospital:  |
| 13. What do you expect to learn from this training course at Viet Duc University Hospital (as concrete as possible)?  |

Thank you for your cooperation.

Your application form should be provided (or sent) **at the latest by 6 months before your expected internship.**