VIET DUC UNIVERSITY HOSPITAL

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**APPLICATION FORM**

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| 1. **PERSONAL DATA** | |
| 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** | |
| 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.**