

## Declaration Form POSTGRADUATE & SCHOLARSHIP ADMINISTRATION

It is compulsory for trainees to fill in the information and acknowledge declaration.

PERSONAL INFORMATION (TO BE FILLED BY TRAINEE)			
NAME	(FIRST)		CONTACT NUMBER
	(MIDDLE)		NATIONAL ID/IQAMA NO.
	(LAST)		ID/IQAMA EXPIRY DATE
NATIONALITY			SCFHS REGISTRATION NO.
DOB (DD/MM/YYYY)			DEPARTMENT
TRAINING CATEGORY	<input type="checkbox"/> Student <input type="checkbox"/> Intern <input type="checkbox"/> Attachment		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
CLASSIFICATION	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health		
EMAIL			
UNIVERSITY/INSTITUTE			
TRAINING DURATION	FROM	TO	

### Candidates must read, sign, and abide by the following conditions during the period of his or her training:

1. The trainee must fill in the form and agree to the conditions transcribed.
2. The trainee must submit the medical examination result on or before the starting date, and prior to receiving the Temporary ID.
3. Trainee must attend General Staff Orientation and submit a copy of the certificate.
4. The trainee must always abide by the rules and regulations of Riyadh Second Health Cluster.
5. The trainee must respect the working hours and be punctual.
6. The trainee must always wear the Riyadh Second Health Cluster badge during working hours.
7. The trainee must report immediately to the Direct Supervisor and/or Postgraduate and Scholarship Administration Office if encountered any problems.
8. Trainee must adhere to Riyadh Second Health Cluster Code of Conduct, Professional Ethics, Morals and Dress Code Regulation.
9. The trainee must submit leave requests before the start date of the training, for the approval from the Department, however IF NOT APPROVED, the trainee is not allowed to go on leave and will be marked as absent. He/she will be subject to probation, dismissal or repeat of the rotation depending on the decision of the Department and Undergraduate General Training Policies and Procedures.
10. The Riyadh Second Health Cluster accepts no responsibility for court rising from accidents and/or illness encountered during the trainee's rotation.
11. The trainee must submit the completed clearance form after he/she finish his/her rotation prior to receiving the evaluation result. Clearance Form will be available at the Postgraduate and Scholarship Administration Office.
12. Payment of the estimated training fees if applicable as per Riyadh Second Health Cluster policy prior to receiving the evaluation result.
13. Trainee has no right to ask for recruitment at Riyadh Second Health Cluster at the end of or during any time of his/her training.
14. The trainee must sign and agree to the conditions written in the attached confidentiality form.

I declare that I have read all the above written conditions and I am in agreement with all above.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

