|  |  | http://api.ning.com/files/m3LOVrSx83aiX9M-*ZiSQcFXjzNO2t2tkpG-syuCRPWF7ljuqonn0tP8cWtG3cPFUGNr0tKWjlr3lkWHeI5dtragzc-VoK5j/logo.jpg |
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**JOINT MASTER OF HEALTH PROFESSIONS EDUCATION (JMHPE)**

**APPLICATION FORM**

**2024 - 2025**

Name of Applicant:

Signature of Applicant:

Date



Please return this form, together with the additional material to:

Medical Education Department

Faculty of Medicine

Suez Canal University

Circular Road

Ismailia 41111

Egypt

OR

Maastricht University

Faculty of Health, Medicine and Life Sciences

School of Health Professions Education (SHE)

Master of Health Professions Education Programme

P.O. Box 616

6200 MD MAASTRICHT

The Netherlands

**USE CAPITAL LETTERS PLEASE**

***A. Personal data***

### Family Name/surname

First Name(s)

Title (Prof/Dr/Mr/Ms/Miss/Mrs)

Mailing Address:

* Street
* House number
* Postal Code
* City
* Country

Personal cell phone number ----------------------------------------------------------------------

(Attached to WhatsApp)

Skype account name ---------------------------------------------------------------------

Telephone Number Home

Telephone Number Work Fax No:

Email Address:

Home Address:

Place of Birth:

Date of Birth (dd/mm/yy)

Country of Birth: Nationality:

Sex: Female □ Male □

Marital status: Married □ Single □

Name and address of your

Next Relative:

Relationship:

***B. Language (for non-native speakers only)***

Level of English proficiency to be: □ Excellent □ Good □ Fair □ Poor

***C. University Education (Start with highest grade obtained, if necessary use additional sheets)***

Degree Obtained:

Name of University:

Address of University:

Telephone Number University:

Studied from (dd/mm/yy): Until (dd/mm/yy):

***D. Work Experience (Start with current positions, if necessary use additional sheets)***

Present Post:

Job Title:

Name of Employer:

Address of Employer:

Telephone Number at Work: Fax No:

Describe responsibilities and tasks:

Length Employment (dd/mm/yy): Until (dd/mm/yy)

***Former Work Experience (if necessary use additional sheets)***

Posts:

Describe responsibilities and tasks:

Length of Employment (dd/mm/yy): Until (dd/mm/yy)

***E. Other information Relevant for Application (e.g. publications)***

***F. Financial Support:***

How do your plan to finance □ By myself (only approved if guaranteed by a financial

your education? statement)

□ Through my institute/employer (financial statement required)

□ I have obtained a fellowship

□ I have applied for fellowship from:

Date of decision:

***G. Motivation***

In 200 words or less, describe why you think this JMHPE programme is appropriate for you.

Also please indicate how many hours you will be able to study.

Per day/ ---------- hours

Per week/ ---------- hours

Per month? ---------- hours

For how many hours will you be exempted from your other duties?

Per day/ ---------- hours

Per week/ ---------- hours

Per month? ---------- hours

***H. References (List two persons, preferably one from the academic staff)***

|  | Name | Function | Address |
| --- | --- | --- | --- |
| Reference 1 | ………………………… | …………………………  ………………………… | …………………………  …………………………  ………………………… |
| Reference 2 | ………………………… | …………………………  ………………………… | …………………………  …………………………  ………………………… |

***I. Computer Experience***

Are you familiar with the use □Yes □ No

Word:

□Yes □ No

Electronic Learning Environment

□Yes □ No

E-mail:

□Yes □ No

Internet:

□Yes □ No

***J. Education in Statistics***

Did you undergo any □ Yes □ No

education in statistics?

***K. How did you learn about the JMHPE programme for which you   
are applying?***

***L.******Privacy Agreement***

***Your privacy is important to us Due to the new privacy regulations, we make an effort to protect your personal information and only use your personal details for certain purposes.***

***We are transparent about the data we collect and what we do with it. We store your personal details in our private mailing list.***

*Please tick the boxes you give permission for to use your personal details (eg name, email, country):*

***􀂆 Joint MHPE information***

***􀂆 SHE (keep you updated with the SHE Newsletter or SHE courses)***

***􀂆 Research/Surveys***

***M. Declaration***

1. I confirm that, to the best of my knowledge, the information provided on this form is correct.

2. I understand that if my funds should at any time during the course become inadequate, the JMHPE Course Management will not be able to provide financial assistance or remission of the fee.

Signature of Applicant: Date

***Please attach one passport-sized photograph to this form***



***N. Enclosures***

□Copy of passport (identification page);

□One passport sized photograph;

□Certified photocopies of Higher Education Diplomas;

□Motivation letter to attend the JMHPE programme

(if not included in the Application Form).

***N. Name verification:***

Your name exactly as you wish to appear on the certificate: