Kingdom of Saudi Arabia Ministry of Health Riyadh Second Health Cluster Academic and Training Affairs



المملكة العربية السعودية وزارة الصحة تجمع الرياض الصحي الثاني الشؤون الأكاديمية والتدريب

## **Academic Institute - Application for Training Form**

Academic Institute Coordinator <u>must</u> complete all registration fields and submit the necessary documents.

PERSONAL INFORMATION (TO BE FILLED BY APPLICANT)										
	(First)			Contact No.						
Name	(Middle)			Email						
	(Last)			Job Title						
University							Country			
TRAINEE CATEGORY										
Trainee Category		1. Student/Academic Year 🗆 1 <sup>ST</sup>	□ 2 <sup>ND</sup> □ 3 <sup>RD</sup> □ 4 <sup>TH</sup>	□ 5 <sup>TH</sup>	2. Interr	n 🗆	Total Trainees			
Start Date		//20_		End Date			/	/ 20		
TRAII	NING OUTL	INE								
Training Objective "Please outline the training objectives that must be achieved by the conclusion of the training period."										
Training Rotation "Please detail the training rotation, specifying all required departments."										
TRAII	NING SITE									
☐ King Fahad Med		edical City	☐ Prince Moham	nmed Bin Abdulaziz Ho		oital	☐ Al Yamama F	Hospital		
□ Ki	$\square$ King Salman Center for Kidney Diseases		☐ King Khaled Hospital in Al M		ajmaa		☐ Al Artawiyeh	General Hospital		
□А	□ Al Zulfi General Hospital □ Tumier G		☐ Tumier Genera	ral Hospital			☐ Al Ghat Gene	eral Hospital		
Should the program be unavailable at the selected training sites, the coordinator will contact you to explore alternative options.										
Please review the following statements and check the box to confirm your understanding.  I hereby confirm the accuracy of the information provided in my application.  I affirm the institute's commitment to fulfilling the required financial obligations when required.  I acknowledge my responsibility to complete all registration requirements as stipulated by the Riyadh Second Health Cluster.  I consent to trainee obedience of training rules and regulations established by the Riyadh Second Health Cluster.										
			Applicant N Applicant S Application	Signature						

Registration forms and supporting documents must be uploaded to the registration platform no later than four weeks prior to the training program's commencement date. For enquires email: <a href="mailto:support@peq.app">support@peq.app</a>



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