

## Academic Institute - Application for Training Form

Academic Institute Coordinator must complete all registration fields and submit the necessary documents.

PERSONAL INFORMATION (TO BE FILLED BY APPLICANT)			
Name	(First)		Contact No.
	(Middle)		Email
	(Last)		Job Title
University			Country
TRAINEE CATEGORY			
Trainee Category	1. Student/Academic Year <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> <input type="checkbox"/> 5 <sup>TH</sup> 2. Intern <input type="checkbox"/>		Total Trainees
Start Date	___ / ___ / 20___		End Date
___ / ___ / 20___			
TRAINING OUTLINE			
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."			
TRAINING SITE			
<input type="checkbox"/> King Fahad Medical City	<input type="checkbox"/> Prince Mohammed Bin Abdulaziz Hospital	<input type="checkbox"/> Al Yamama Hospital	
<input type="checkbox"/> King Salman Center for Kidney Diseases	<input type="checkbox"/> King Khaled Hospital in Al Majmaa	<input type="checkbox"/> Al Artawiyeh General Hospital	
<input type="checkbox"/> Al Zulfi General Hospital	<input type="checkbox"/> Tumier General Hospital	<input type="checkbox"/> Al Ghat General 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.			
<input type="checkbox"/> I hereby confirm the accuracy of the information provided in my application.			
<input type="checkbox"/> I affirm the institute's commitment to fulfilling the required financial obligations when required.			
<input type="checkbox"/> I acknowledge my responsibility to complete all registration requirements as stipulated by the Riyadh Second Health Cluster.			
<input type="checkbox"/> I consent to trainee obedience of training rules and regulations established by the Riyadh Second Health Cluster.			

Applicant Name .....  
Applicant Signature .....  
Application Date ..... / ..... / 20 .....

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: [support@peg.peg](mailto:support@peg.peg)



TRAINEE INFORMATION						
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