



PEQ

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تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster
شركة الصحة القابضة



PEQ Registration Platform

Step By Step Guide

2025



Academic Operation Administration

 www.peq.app

 support@peq.app

 Riyadh Second Health Cluster

Scan to Register





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Introduction

Thank you for your interest in the **Riyadh Second Health Cluster** for your professional development. As an Academic Leader in Saudi Arabia, we are proud of our commitment to training. In 2024, we successfully trained over 8,861 trainees, achieving a **91% trainee satisfaction rate**. We also received 17,722 applications from both local and international candidates.

To meet this high demand, we plan to increase our enrollment rate from 50% to 75% in 2025.

We look forward to welcoming you to our program and helping you take the next step in your professional journey. **Begin your application today and join the next generation of healthcare professionals.**

المقدمة

نُعرب عن خالص شكرنا لاهتمامكم بتجمع الرياض الصحي الثاني في مجال تطوير الكفاءات المهنية و التدريب. وبصفتنا جهة أكاديمية رائدة في المملكة العربية السعودية، نفخر بالتزامنا المستمر بتقديم برامج تدريبية ذات جودة عالية. في عام 2024، تمكنا من تدريب أكثر من 8,861 متدرِّبًا، مع تحقيق معدل رضا بلغ 91% بين المشاركين. كما استقبلنا 17,722 طلبًا من مرشحين محليين ودوليين.

لمواكبة هذا الطلب المتزايد، نعتزم رفع نسبة القبول من 50% إلى 75% خلال عام 2025.

نحن بانتظار انضمامكم إلى برامجنا لرافقكم في رحلتكم المهنية القادمة. **بادروا بتقديم طلباتكم اليوم وانضموا إلى الجيل القادم من كوادر الرعاية الصحية المحترفة.**



Required Documents

The following documents are required for registration. Please prepare them ahead of time to ensure a smooth application process.

For Students, Interns, and Clinical Attachments:

- Registration Form (for academic institutions or individuals, based on your application method)
- University Request Letter (not required for Clinical Attachments)
- Copy of Saudi ID (Iqama or passport)
- Copy of Transcripts
- Copy of Qualification

For Clinical Attachments:

In addition to the documents listed above, please provide the following:

- SCFHS Registration Form
- Proof of Malpractice Insurance
- No Objection Letter from employer's HR (if applicable)

الوثائق المطلوبة

الوثائق التالية مطلوبة لإتمام عملية التسجيل. يُرجى تجهيزها مسبقاً لضمان سير الطلب بسلاسة.

للطلاب و الامتياز و متدربي الخبرة السريرية:

- نموذج التسجيل (للمؤسسات الأكاديمية أو الأفراد، حسب طريقة التقديم)
- خطاب طلب من الجامعة (غير مطلوب لمتدربي الخبرة السريرية)
- نسخة من الهوية الشخصية (اقامة أو جواز سفر)
- نسخة من السجلات الأكاديمية (كشف الدرجات)
- نسخة من المؤهل العلمي

لمتدربي الخبرة السريرية:

بالإضافة إلى الوثائق المذكورة أعلاه، يُرجى تقديم ما يلي:

- نموذج تسجيل مهني صادر من الهيئة السعودية للتخصصات الصحية (SCFHS)
- إثبات تأمين ضد الأخطاء الطبية
- خطاب عدم ممانعة من قسم الموارد البشرية في جهة العمل (إذا كان ذلك ينطبق)



Registration Guidelines

إرشادات التسجيل

- **Application Submission:** Submitting an application does not guarantee enrollment.
- **Complete All Fields:** All fields in the application must be completed for a successful submission.
- **Accurate Contact Information:** Please provide current contact information to ensure timely communication.
- **Required Documents:** Upload all required documents as specified in the registration instructions.
- **Valid ID:** A valid ID is required for the entire training period (six months pre-expiration).
- **Early Application:** We recommend submitting your application at least four weeks before your desired program start date.
- **Academic Requirements:** Applicants must have a minimum GPA of "good" or higher to be considered.
- **Application Status:** You will be notified of your application status within five business days.
- **Training Fees:** All applicable training fees must be paid before the start date. Individual applicants are responsible for remitting their fees directly. Invoices for institutional applicants will be sent to the sponsoring institution.
- **Accommodation:** On-site accommodation is limited and available for nursing trainees on a first-come, first-served basis. Availability will be confirmed upon your enrollment.
- **Technical Support:** For any technical issues, please contact the PEQ support team through the "Contact Us" page on the platform or by emailing support@peq.app.

- **تقديم الطلب:** تقديم طلب التسجيل لا يضمن القبول في البرنامج.
- **إكمال جميع الحقول الالزامية:** يجب ملء جميع الحقول الالزامية في طلب التسجيل لإتمام عملية التقديم بنجاح.
- **معلومات التواصل:** يُرجى تقديم معلومات تواصل مفعلة لضمان التواصل الفوري.
- **المستندات المطلوبة:** يرجى رفع جميع المستندات المطلوبة كما هو محدد في تعليمات التسجيل.
- **هوية صالحة:** يجب أن تكون الهوية صالحة طوال فترة التدريب، و أن تكون سارية لمدة لا تقل عن ستة أشهر طوال فترة التدريب.
- **التقديم المبكر:** نوصي بتقديم طلبك قبل موعد بدء البرنامج بأربعة أسابيع على الأقل.
- **المتطلبات الأكاديمية:** يجب أن يكون لدى المتقدمين معدل تراكمي لا يقل عن "جيد" للنظر في طلباتهم.
- **حالة الطلب:** سيتم إعلامك بحالة طلبك خلال خمسة أيام عمل.
- **رسوم التدريب:** يجب تسديد جميع الرسوم المترتبة قبل بدء البرنامج. يتحمل المتقدمون الأفراد مسؤولية دفع الرسوم مباشرة، أما المؤسسات فسيتم إرسال الفواتير إلى الجهة الراعية.
- **الإقامة:** الإقامة في منشآت التجمع محدودة ومتاحة لمتدربي التمريض على أساس الأسبقية في التسجيل. سيتم تأكيد التوفر عند القبول.
- **الدعم الفني:** لأي مشاكل تقنية، يرجى التواصل مع فريق دعم PEQ عبر صفحة "اتصل بنا" على المنصة أو عبر البريد الإلكتروني support@peq.app.

Guidelines for University Coordinators

To ensure a smooth registration process, please adhere to the following specific guidelines:

- **Accurate Contact Information:** Ensure your contact information is accurate for all communications.
- **Complete Trainee Information:** Please complete all fields in the PDF registration form for each trainee, including their full name, GPA, National ID, contact number, and email.
- **Employee ID:** If a trainee is an employee of the Riyadh Second Health Cluster, include their RC2 Employee ID.
- **Training Objectives:** Include the training objectives as provided by the course director.
- **Document Upload:** For each trainee, upload a single file containing copies of their transcripts, National ID, and qualifications. Additionally, upload a general university request letter that lists all trainee names.
- **Compliance and Adherence:** Strict adherence of trainees to training guidelines is mandatory. Failure to comply with these requirements will result in disciplinary action.

إرشادات منسقي الجامعات

لضمان سير عملية التسجيل بسلاسة، يُرجى الالتزام بالإرشادات التالية:

- **دقة معلومات التواصل:** تأكد من صحة ودقة معلومات التواصل الخاصة بكم لجميع المراسلات.
- **إكمال بيانات المتدربين:** يُرجى تعبئة كافة الحقول في نموذج التسجيل بصيغة PDF لكل متدرب، بما في ذلك الاسم الكامل، المعدل التراكمي، رقم الهوية الوطنية، رقم الاتصال، والبريد الإلكتروني.
- **رقم الموظف:** إذا كان المتدرب موظفًا في مجمع الرياض الصحي الثاني، يرجى إدراج رقم هوية الموظف الخاص به.
- **أهداف التدريب:** تضمين أهداف التدريب كما وردت من مدير البرنامج.
- **رفع المستندات:** يُرجى رفع ملف واحد لكل متدرب يحتوي على نسخ من السجلات الأكاديمية، الهوية الوطنية، والمؤهلات. كما يجب رفع خطاب طلب عام من الجامعة يضم أسماء جميع المتدربين.
- **الامتثال والالتزام:** الالتزام الصارم من المتدربين بإرشادات التدريب أمر إلزامي. إن عدم الامتثال لهذه المتطلبات سيؤدي إلى اتخاذ إجراءات تأديبية.



Accessing the Platform

الوصول الى المنصة

- Open a web browser and navigate to www.peq.app.

- افتح متصفح ويب وانتقل إلى www.peq.app.

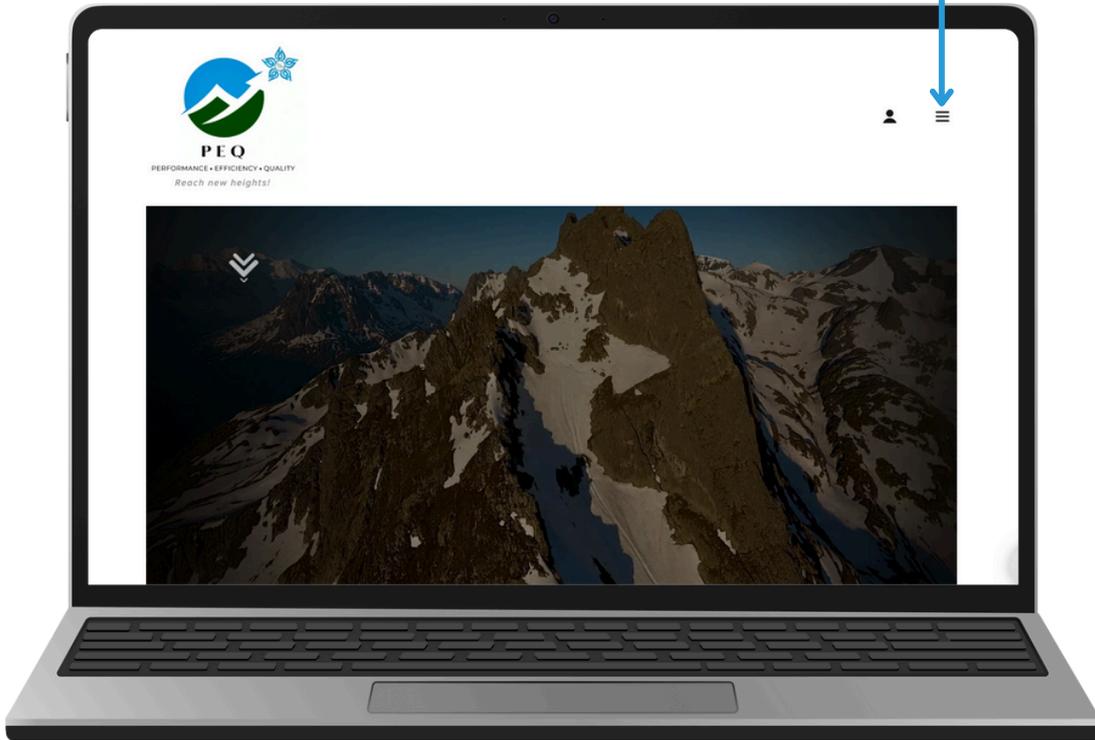
<https://www.peq.app>



- Locate the menu bar icon  situated in the top right corner of the webpage and click on it.

- حدد موقع رمز شريط القائمة  الموجود في الزاوية اليمنى العليا من صفحة الويب وانقر فوقه.

menu bar icon
شريط القائمة





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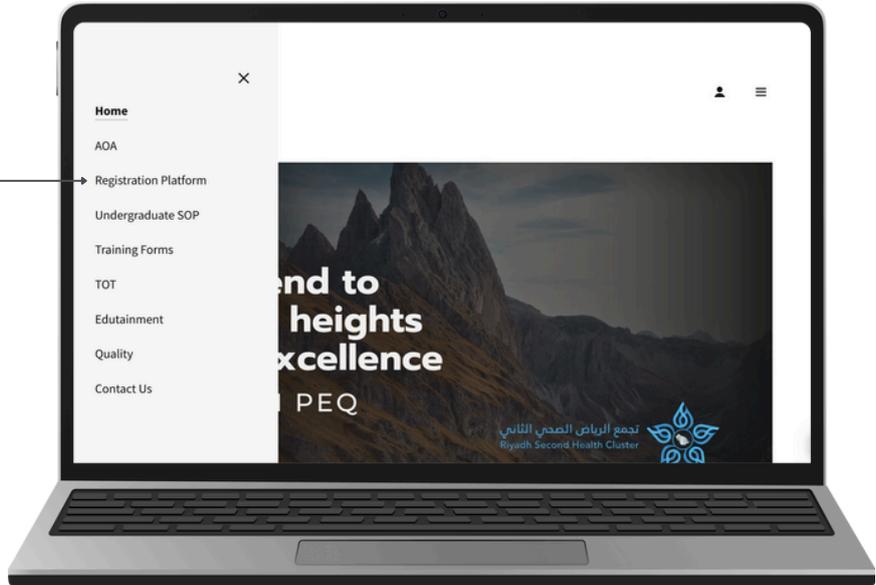
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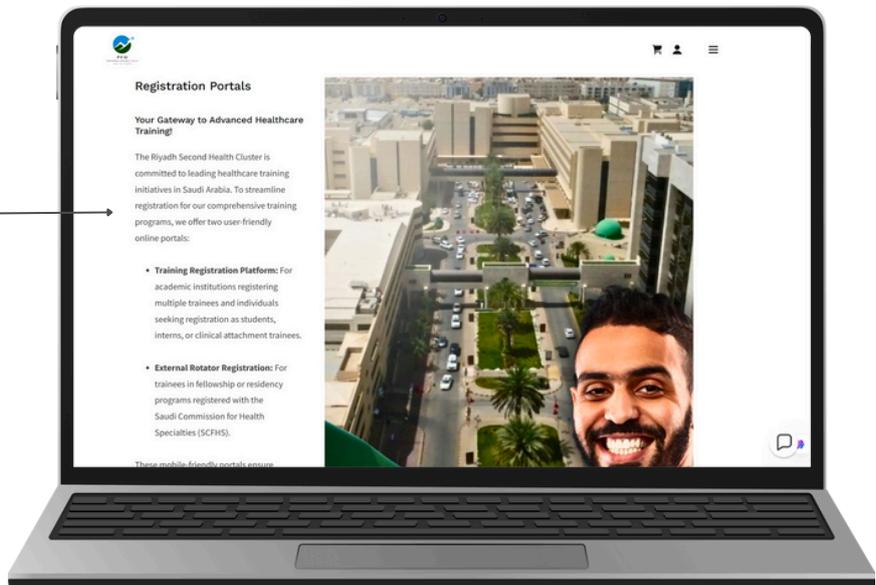
Registration Platform

منصة التسجيل

From the displayed menu, select "Registration Platform." من القائمة المعروضة ، حدد "منصة التسجيل".



Read the on-screen instructions to familiarize yourself with the various platforms available and the corresponding application procedures. اتبع التعليمات الظاهرة على الشاشة للتعرف على الأنظمة الأساسية للتسجيل المتعددة المتاحة وإجراءات التسجيل.





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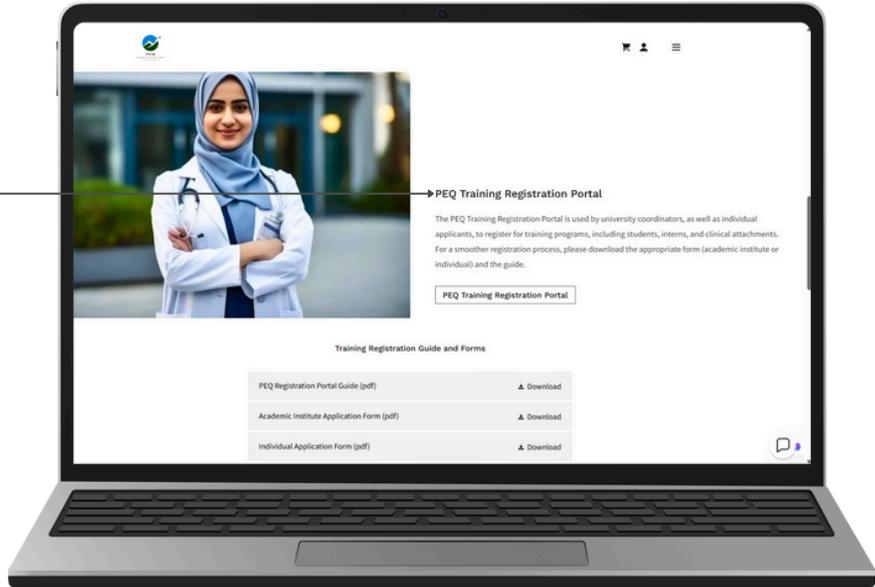
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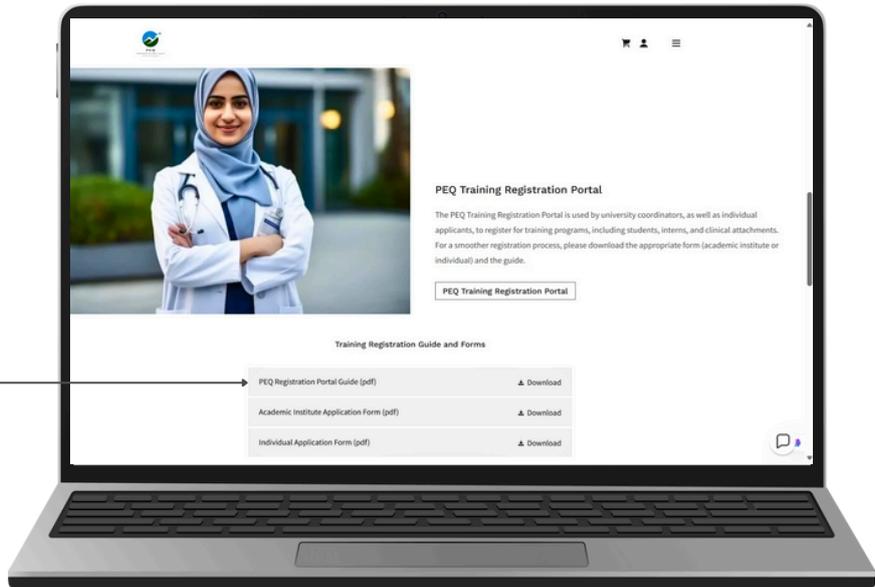
Download Guide & Forms

تنزيل الدليل و النماذج

Scroll down to the "PEQ Training Registration Portal".
قم بالتمرير للأسفل إلى "منصة تسجيل المتدربين".



Download and review the "PEQ Training Registration Guide" before proceeding with your registration.
قم بتحميل "دليل تسجيل التدريب" ومراجعته قبل المتابعة في عملية التسجيل.





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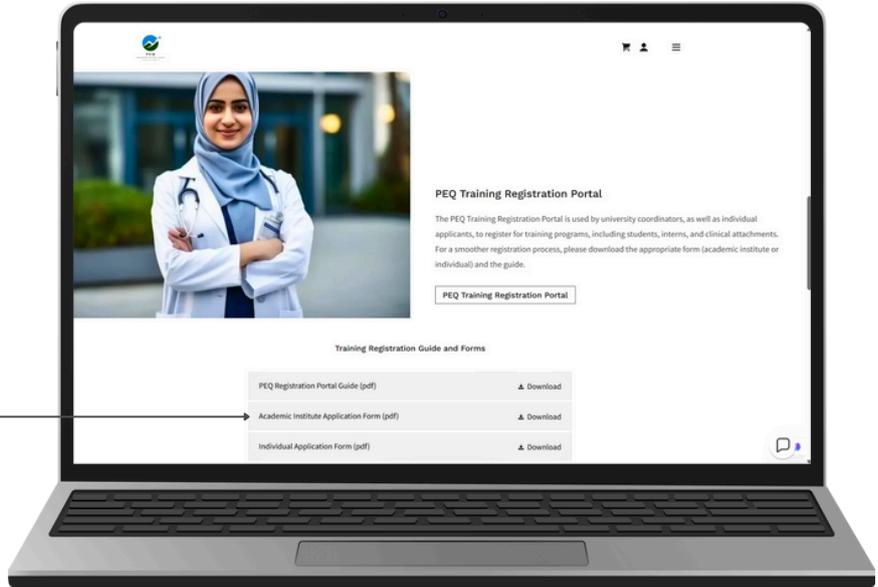
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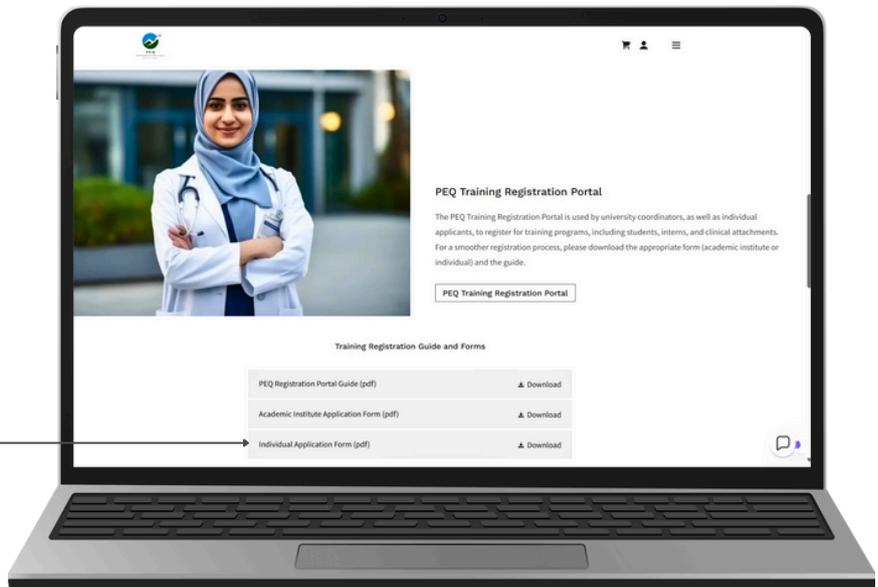
Download Guide & Forms

تنزيل الدليل و النماذج

For Institutes, download and accurately complete the "Institute Registration Form". This form will be required for upload during the registration process on the platform.
بالنسبة للجامعات، يرجى تحميل "نموذج تسجيل المؤسسات الأكاديمية" وتعبئته بدقة. سيكون هذا النموذج مطلوبًا للتحميل أثناء عملية التسجيل على المنصة.



For Individuals, download and accurately complete the "Individual Registration Form" to be uploaded later on the platform.
بالنسبة للأفراد، يرجى تحميل "نموذج تسجيل الأفراد" و تعبئته بدقة ليتم تحميله لاحقًا على المنصة.





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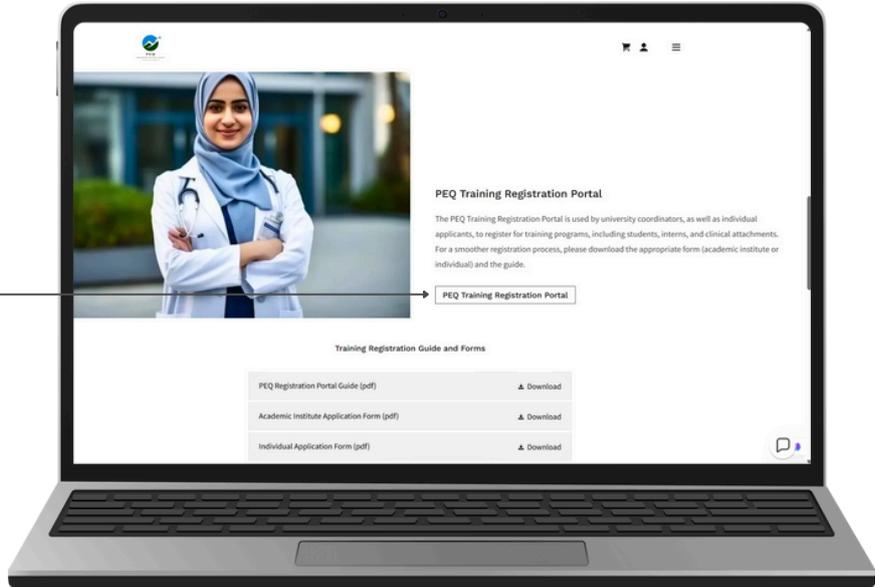
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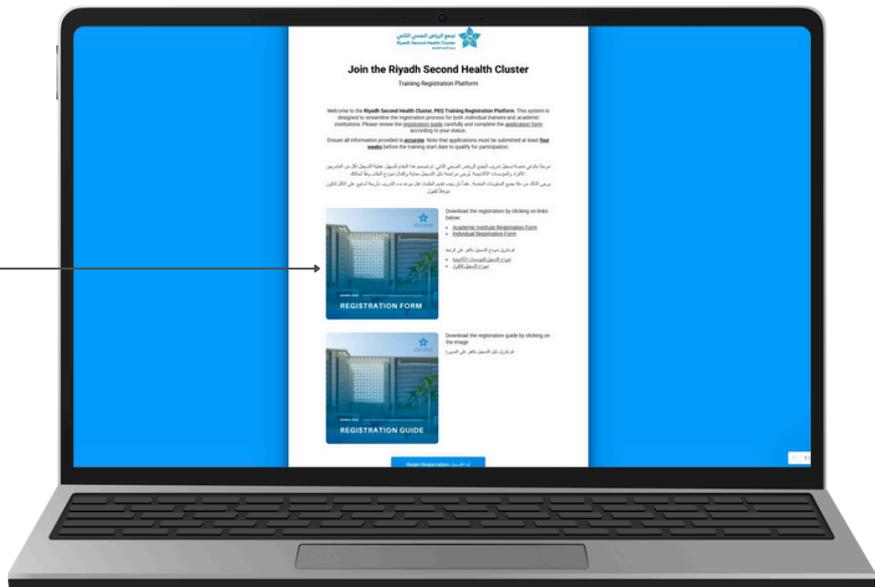
Start Registration

ابدأ بالتسجيل

To begin the registration process, please click the "PEQ Training Registration Portal" button on the PEQ registration page.
لبداء عملية التسجيل، يُرجى الضغط على زر "بوابة تسجيل تدريب PEQ" في صفحة تسجيل PEQ.



The portal's introduction page provides access to the guide and forms, which you can download if you haven't already.
توفر الصفحة الرئيسية للبوابة الوصول إلى الدليل والنماذج، التي يمكنك تنزيلها إذا لم تقم بذلك مسبقًا.





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Start Registration

ابدأ بالتسجيل

Please enter your full name (first, middle, last) if you are applying as an individual trainee or university coordinator.

يرجى إدخال الاسم الثلاثي في حال التقديم كمتدرب فردي أو منسق جامعي.

The screenshot shows the 'Training Program Application' form. The 'Trainee Name' field is highlighted with a callout box. The form includes instructions for individual applicants and university coordinators. The 'Application Date' field is also visible below the name field.

Please enter your application date.

يرجى إدخال تاريخ تقديم الطلب.

The screenshot shows the 'Training Program Application' form. The 'Application Date' field is highlighted with a callout box. The form includes instructions for individual applicants and university coordinators. The 'Trainee Name' field is also visible above the date field.



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Start Registration

ابدأ بالتسجيل

Please select your application method from the drop-down menu. Choose "Individual" if you are applying on your own behalf, or "Institute" if you are applying for a university or college.

يرجى اختيار طريقة تقديم الطلب من القائمة المنسدلة. حدد "فردى" إذا كنت تقدم الطلب نيابة عن نفسك، أو "مؤسسة" إذا كنت تقدم الطلب نيابة عن جامعة أو كلية.

Dear Applicant or University Coordinator,

Thank you for your interest in the Riyadh Second Health Cluster. We are delighted that you are considering us for your professional development.

To proceed with your application, please complete the form below. We will review your submission and contact you regarding the next steps within five working days.

Please note that incomplete applications will not be processed. In addition, training fees (if applicable) are payable prior to the training start date. Individual applicants are responsible for ensuring that fees directly for applicants sponsored by an institution, invoices will be sent directly to the respective institution.

We look forward to welcoming you to the training program. Should you have any questions, please do not hesitate to contact us.

Sincerely,
The Riyadh Second Health Cluster Training Team

Trainee Name *
Please provide the full name as follows:
• Individual applicants: Enter your full name (First, Middle, Last)
• University/College applications for multiple trainees: Enter the full name of the university coordinator.

Application Date *
Please enter the date of application registration.
mm/dd/yyyy

Application Method *
Please select the application method that best represents you.

Please select your gender from the dropdown menu.

يرجى اختيار الجنس من القائمة المنسدلة.

Application Method *
Please select the application method that best represents you.

Gender *
mm/dd/yyyy

Date of Birth *
mm/dd/yyyy

ID Number *
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry *
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Middle *

Email *
Enter a valid email.

Nationality *

University *
Please select your university affiliation from the list below.
+ Add record

Trainee Category *
Please select your desired training category from the list below.
+ Add category

Field of Study *
Please select your field of study from the list below.
+ Add record



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Start Registration

ابدأ بالتسجيل

Please enter your date of birth as it appears on your personal identification.
يرجى إدخال تاريخ ميلادك كما هو موضح في الهوية الشخصية.

Application Method *
Please select the application method that best represents you.

Gender *

Date of Birth *
mm/dd/yyyy

ID Number *
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry *
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile *

Email *
Enter a valid email.

Nationality *

University *
Please select your university affiliation from the list below.
+ Add record

Trainee Category *
Please select your desired training category from the list below.
+ Add category

Field of Study *
Please select your field of study from the list below.
+ Add record

Please enter your valid Saudi Identification Number (Iqama or passport).
يرجى إدخال رقم الهوية السعودية (الإقامة أو جواز السفر) سارية المفعول.

Application Method *
Please select the application method that best represents you.

Gender *

Date of Birth *
mm/dd/yyyy

ID Number *
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry *
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile *

Email *
Enter a valid email.

Nationality *

University *
Please select your university affiliation from the list below.
+ Add record

Trainee Category *
Please select your desired training category from the list below.
+ Add category

Field of Study *
Please select your field of study from the list below.
+ Add record



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ابدأ بالتسجيل

Please enter the expiration date of your Saudi ID (Iqama or passport).

يرجى إدخال تاريخ انتهاء صلاحية هويتك الشخصية (الإقامة أو جواز السفر).

Application Method*
Please select the application method that best represents you.

Gender*

Date of Birth*
mm/DD/YYYY

ID Number*
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry*
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/DD/YYYY

Mobile*

Email*
Enter a valid email.

Nationality*

University*
Please select your university affiliation from the list below.
+ Add record

Trainee Category*
Please select your desired training category from the list below.
+ Add category

Field of Study*
Please select your field of study from the list below.
+ Add record

Please enter a valid mobile number, including the country code.

يرجى إدخال رقم جوال مفعّل يشمل رمز الدولة.

Application Method*
Please select the application method that best represents you.

Gender*

Date of Birth*
mm/DD/YYYY

ID Number*
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry*
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/DD/YYYY

Mobile*

Email*
Enter a valid email.

Nationality*

University*
Please select your university affiliation from the list below.
+ Add record

Trainee Category*
Please select your desired training category from the list below.
+ Add category

Field of Study*
Please select your field of study from the list below.
+ Add record



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Start Registration

ابدأ بالتسجيل

Please enter a valid email.
يرجى إدخال بريد إلكتروني صالح.

Application Method*
Please select the application method that best represents you.

Gender*

Date of Birth*
mm/dd/yyyy

ID Number*
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry*
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile*

Email*
Enter a valid email.

Nationality*

University*
Please select your university affiliation from the list below.
+ Add record

Trainee Category*
Please select your desired training category from the list below.
+ Add category

Field of Study*
Please select your field of study from the list below.
+ Add record

Please select your nationality
from the dropdown menu.
يرجى اختيار جنسيتك من القائمة
المنسدلة.

Application Method*
Please select the application method that best represents you.

Gender*

Date of Birth*
mm/dd/yyyy

ID Number*
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry*
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile*

Email*
Enter a valid email.

Nationality*

University*
Please select your university affiliation from the list below.
+ Add record

Trainee Category*
Please select your desired training category from the list below.
+ Add category

Field of Study*
Please select your field of study from the list below.
+ Add record



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Riyadh Second Health Cluster
شركة الصحة القابضة



Start Registration

ابدأ بالتسجيل

Select your university from the dropdown menu. If you are applying for a clinical attachment, please select "None."

يرجى اختيار جامعتك من القائمة المنسدلة. في حال التقديم على تدريب الخبرة سريرية، يُرجى اختيار "لا يوجد".

Application Method*
Please select the application method that best represents you.

Gender*

Date of Birth*
mm/dd/yyyy

ID Number*
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry*
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile*

Email*
Enter a valid email

Nationality*

University*
Please select your university affiliation from the list below.
+ Add record

Trainee Category*
Please select your desired training category from the list below.
+ Add category

Field of Study*
Please select your field of study from the list below.
+ Add record

Please select the trainee category that best represents you or the trainees you are applying for.

يرجى اختيار فئة المتدرب التي تمثلكم أو التي تمثل المتدربين الذين تتقدمون بطلب تسجيلهم.

Application Method*
Please select the application method that best represents you.

Gender*

Date of Birth*
mm/dd/yyyy

ID Number*
Please enter your Saudi National ID (Iqama) or passport number.

ID Expiry*
Please enter your Saudi National ID (Iqama) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile*

Email*
Enter a valid email

Nationality*

University*
Please select your university affiliation from the list below.
+ Add record

Trainee Category*
Please select your desired training category from the list below.
+ Add category

Field of Study*
Please select your field of study from the list below.
+ Add record



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Riyadh Second Health Cluster
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Start Registration

ابدأ بالتسجيل

Please select your field of study from the five options in the dropdown menu.
يرجى اختيار مجال دراستكم من بين الخيارات الخمسة المتاحة في قائمة الاختيار المنسدلة.

Application Method *
Please select the application method that best represents you.

Gender *

Date of Birth *
mm/dd/yyyy

ID Number *
Please enter your Saudi National ID (digital) or passport number.

ID Expiry *
Please enter your Saudi National ID (digital) or passport expiry date. The document must remain valid throughout the entire training period.
mm/dd/yyyy

Mobile *

Email *

Enter a valid email.

Nationality *

University *

Please select your university affiliation from the list below.
+ Add record

Training Category *

Please select your desired training category from the list below.
+ Add category

Field of Study *

Please select your field of study from the list below.
+ Add record

Please select the training specialty that represents the department you intend to join from the dropdown menu.
يرجى اختيار التخصص التدريبي الذي يعبر عن القسم الذي ترغب في الانضمام إليه من قائمة الاختيار المنسدلة.

Specialty *

Please select your intended training specialty from the list below.
+ Add record

Start Date *
Please select the desired start date for your training.
mm/dd/yyyy

End Date *
Please select the desired end date for your training.
mm/dd/yyyy

Days *

Please select the training days that are most suitable for you from the provided list.

Session *

Please select the training sessions that are most suitable for you from the provided list.

Training Site *

Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are subject to the following specializations: nursing, allied health, and pharmacy.
+ Add site

Attachments *

Please submit the following required documents for your application:

- Registration Form (Individual or Institute)
- Saudi National ID (digital)
- University Training Request Letter
- Transcript
- Qualifications

If you are applying for a Clinical Attachment, please also provide:

- SCHS Professional Registration
- Malpractice Insurance
- A letter of no objection from your employer's HR department (if applicable)

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Start Registration

ابدأ بالتسجيل

Please select your desired training start date from the calendar.

يرجى اختيار تاريخ بدء التدريب المطلوب من التقويم.

Speciality *
Please select your intended training specialty from the list below:
+ Add record

Start Date *
Please select the desired start date for your training:
mm/SS/yyyy

End Date *
Please select the desired end date for your training:
mm/SS/yyyy

Days *
Please select the training days that are most suitable for you from the provided list:
[X]

Session *
Please select the training sessions that are most suitable for you from the provided list:
[X]

Training Site *
Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are linked to the following specialities: nursing, allied health, and pharmacy:
+ Add site

Attachments *
Please submit the following required documents for your application:
• Registration Form (Individual or Institute)
• Saudi National ID (Signed)
• University Training Request Letter
• Transcripts
• Qualifications
If you are applying for a Clinical Attachment, please also provide:
• SCFHS Professional Registration
• Malpractice Insurance
• A letter of no objection from your employer's HR department (if applicable)

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Please select your desired training end date from the calendar.

يرجى اختيار تاريخ نهاية التدريب المطلوب من التقويم.

Speciality *
Please select your intended training specialty from the list below:
+ Add record

Start Date *
Please select the desired start date for your training:
mm/SS/yyyy

End Date *
Please select the desired end date for your training:
mm/SS/yyyy

Days *
Please select the training days that are most suitable for you from the provided list:
[X]

Session *
Please select the training sessions that are most suitable for you from the provided list:
[X]

Training Site *
Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are linked to the following specialities: nursing, allied health, and pharmacy:
+ Add site

Attachments *
Please submit the following required documents for your application:
• Registration Form (Individual or Institute)
• Saudi National ID (Signed)
• University Training Request Letter
• Transcripts
• Qualifications
If you are applying for a Clinical Attachment, please also provide:
• SCFHS Professional Registration
• Malpractice Insurance
• A letter of no objection from your employer's HR department (if applicable)

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Start Registration

ابدأ بالتسجيل

Please select all preferred training days for your training period.
يرجى تحديد جميع أيام التدريب المفضلة لفترة تدريبكم.

Speciality *
Please select your intended training specialty from the list below:
+ Add record

Start Date *
Please select the desired start date for your training:
mm/dd/yyyy

End Date *
Please select the desired end date for your training:
mm/dd/yyyy

Days *
Please select the training days that are most suitable for you from the provided list:
[+]

Session *
Please select the training sessions that are most suitable for you from the provided list:
[+]

Training Site *
Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are limited to the following specialities: nursing, allied health, and pharmacy:
+ Add site

Attachments *
Please submit the following required documents for your application:
• Registration Form (Individual or Institute)
• Saudi National ID (Signed)
• University Training Request Letter
• Transcripts
• Qualifications
If you are applying for a Clinical Attachment, please also provide:
• SCFHS Professional Registration
• Malpractice Insurance
• A letter of no objection from your employer's HR department (if applicable)

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Please select your desired training sessions. You may choose between a full day or half-day sessions (morning or afternoon).
يرجى اختيار جلسات التدريب الزمنية المرغوبة، مع إمكانية الاختيار بين جلسات يوم كامل أو نصف يوم (صباحية أو مساءية).

Speciality *
Please select your intended training specialty from the list below:
+ Add record

Start Date *
Please select the desired start date for your training:
mm/dd/yyyy

End Date *
Please select the desired end date for your training:
mm/dd/yyyy

Days *
Please select the training days that are most suitable for you from the provided list:
[+]

Session *
Please select the training sessions that are most suitable for you from the provided list:
[+]

Training Site *
Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are limited to the following specialities: nursing, allied health, and pharmacy:
+ Add site

Attachments *
Please submit the following required documents for your application:
• Registration Form (Individual or Institute)
• Saudi National ID (Signed)
• University Training Request Letter
• Transcripts
• Qualifications
If you are applying for a Clinical Attachment, please also provide:
• SCFHS Professional Registration
• Malpractice Insurance
• A letter of no objection from your employer's HR department (if applicable)

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Start Registration

ابدأ بالتسجيل

Please select your desired training site from the list provided.
يرجى اختيار مركز التدريب المطلوب من القائمة المتاحة.

Speciality *
Please select your intended training specialty from the list below:
+ Add record

Start Date *
Please select the desired start date for your training:
mm/SS/yyyy

End Date *
Please select the desired end date for your training:
mm/SS/yyyy

Days *
Please select the training days that are most suitable for you from the provided list:
[+]

Session *
Please select the training sessions that are most suitable for you from the provided list:
[+]

Training Site *
Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are linked to the following specialities: nursing, allied health, and pharmacy:
+ Add site

Attachments *
Please submit the following required documents for your application:
• Registration Form (Individual or Institute)
• Saudi National ID (Signed)
• University Training Request Letter
• Transcripts
• Qualifications
If you are applying for a Clinical Attachment, please also provide:
• SCFHS Professional Registration
• Malpractice Insurance
• A letter of no objection from your employer's HR department (if applicable)

Drop files here or browse

Please upload the required documents that correspond to your trainee category.
يرجى رفع المستندات المطلوبة والمتناسبة مع فئة المتدرب الخاصة بكم.

Speciality *
Please select your intended training specialty from the list below:
+ Add record

Start Date *
Please select the desired start date for your training:
mm/SS/yyyy

End Date *
Please select the desired end date for your training:
mm/SS/yyyy

Days *
Please select the training days that are most suitable for you from the provided list:
[+]

Session *
Please select the training sessions that are most suitable for you from the provided list:
[+]

Training Site *
Please select your preferred training site from the list below. Kindly note that applications for King Fahad Medical City (KFMC) are linked to the following specialities: nursing, allied health, and pharmacy:
+ Add site

Attachments *
Please submit the following required documents for your application:
• Registration Form (Individual or Institute)
• Saudi National ID (Signed)
• University Training Request Letter
• Transcripts
• Qualifications
If you are applying for a Clinical Attachment, please also provide:
• SCFHS Professional Registration
• Malpractice Insurance
• A letter of no objection from your employer's HR department (if applicable)

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Start Registration

ابدأ بالتسجيل

Please provide any additional comments you would like the application coordinator to review.

يرجى تزويدنا بأي ملاحظات إضافية ترغبون في أن يطلع عليها منسق الطلبات.

The screenshot shows a registration form on a laptop screen. The form has a white background with blue accents. It includes a 'Training Site' section with a dropdown menu and a list of options. Below that is an 'Attachments' section with a list of required documents and a 'Drop files here or browse' button. The 'Comment' section is highlighted by a callout box, showing a text area for providing feedback. At the bottom, there are 'Next step' and 'Back' buttons.

To complete your submission, please click the "Submit" button on the lower right side of the page.

لإتمام عملية التقديم، يُرجى الضغط على زر "إرسال" الموجود في أسفل يمين الصفحة.

This screenshot is identical to the one above, showing the registration form on a laptop screen. The 'Submit' button is now highlighted by a callout box, indicating the final step to complete the submission.



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Start Registration

ابدأ بالتسجيل

Please click the 'Next' button to proceed.
يرجى الضغط على زر "التالي" للمتابعة.

The screenshot shows a registration form on a laptop screen. The form has a white background with blue text and a blue 'Next' button at the bottom right. The form includes sections for 'Training Site', 'Attachments', and 'Comment'. The 'Attachments' section lists required documents such as 'Registration Form', 'Saudi National ID', 'University Training Request Letter', 'Transcripts', 'Qualifications', 'SCHS Professional Registration', 'Malpractice Insurance', and 'A letter of no objection from your employer's HR department'. The 'Comment' section has a text area for providing feedback. A blue 'Next' button is located at the bottom right of the form area.

Please confirm your acceptance of all statements by checking the boxes to proceed.
يرجى تأكيد قبولكم لجميع البيانات من خلال وضع علامة في المربع للمتابعة.

The screenshot shows the 'Acknowledgment Statements' page on a laptop screen. The page has a white background with blue text and a blue 'Next' button at the bottom center. The page contains a list of five statements with checkboxes for confirmation. The statements are: 1. I agree to the terms and conditions for data sharing as outlined in the privacy policy and consent to advertisement subscriptions. 2. I confirm the accuracy of the information provided in this application. 3. I affirm the commitment to fulfilling all required financial obligations when required. 4. I acknowledge my responsibility to complete all registration requirements set forth by the Riyadh Second Health Cluster. 5. I consent to obey the training rules and regulations established by the Riyadh Second Health Cluster. A blue 'Next' button is located at the bottom center of the page.



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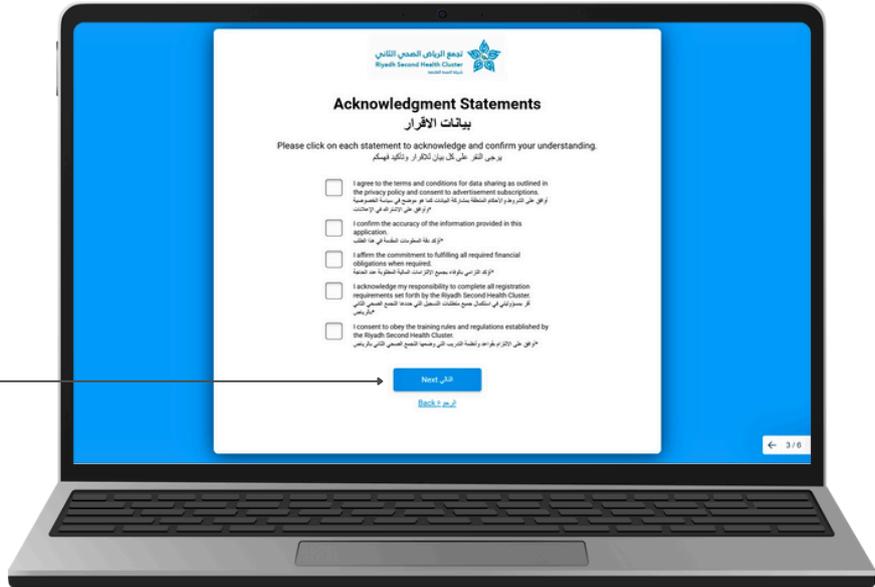
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Riyadh Second Health Cluster
شركة الصحة القابضة



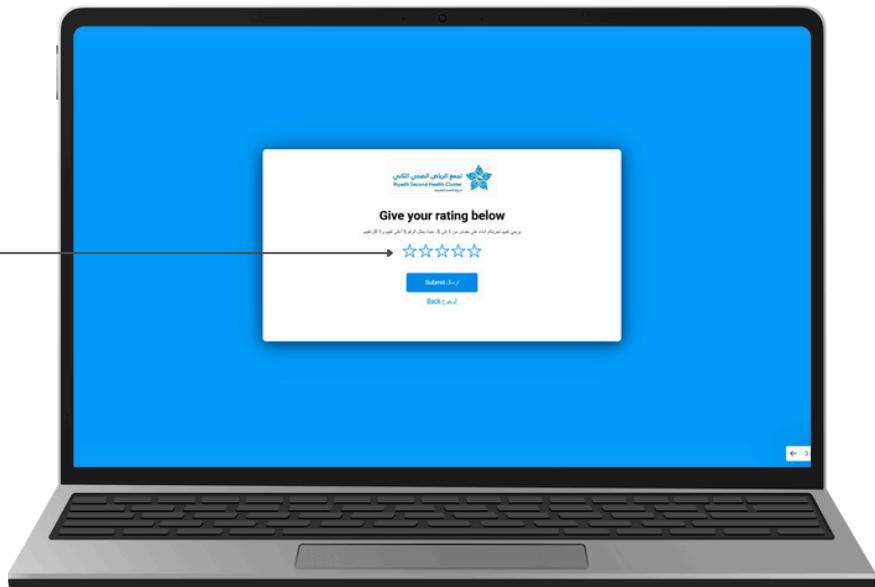
Start Registration

ابدأ بالتسجيل

Please click the 'Next' button to proceed.
يرجى الضغط على زر "التالي" للمتابعة.



Please rate your experience on a scale of 1 to 5.
يرجى تقييم تجربتكم أدناه على مقياس من 1 إلى 5.





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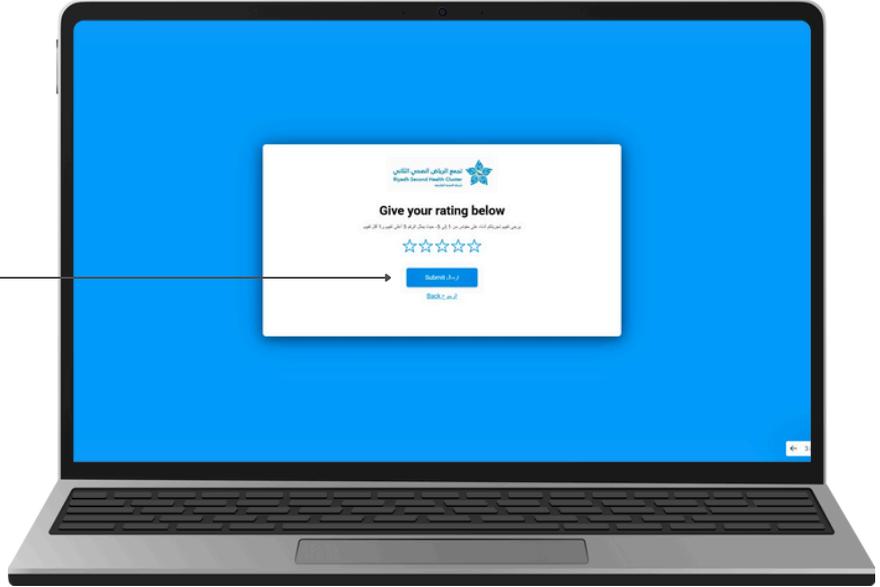
تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster
شركة الصحة القابضة



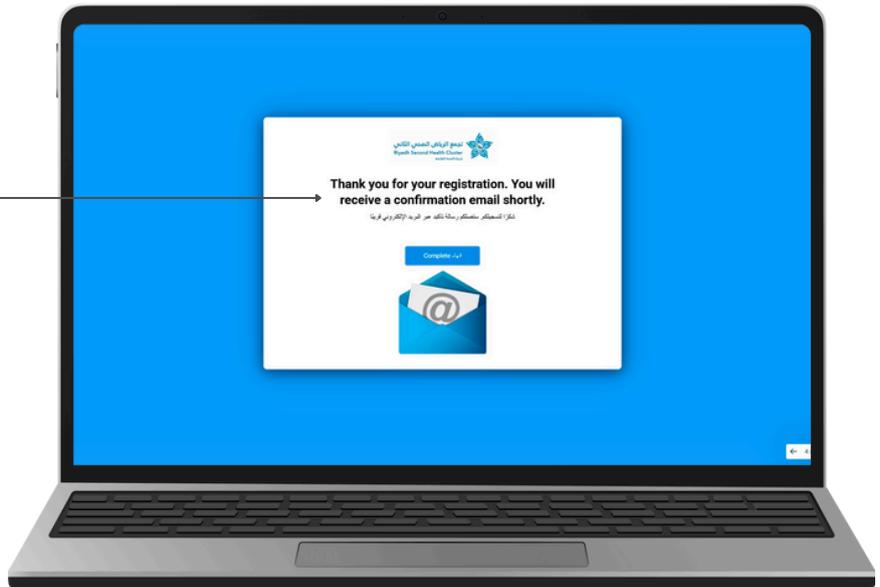
Start Registration

ابدأ بالتسجيل

Please click the 'Next' button to proceed.
يرجى الضغط على زر "التالي" للمتابعة.



After you successfully complete all registration steps, you will receive a confirmation email.
بعد إتمام جميع خطوات التسجيل بنجاح، ستصلكم رسالة تأكيد عبر البريد الإلكتروني.





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Registration Confirmation

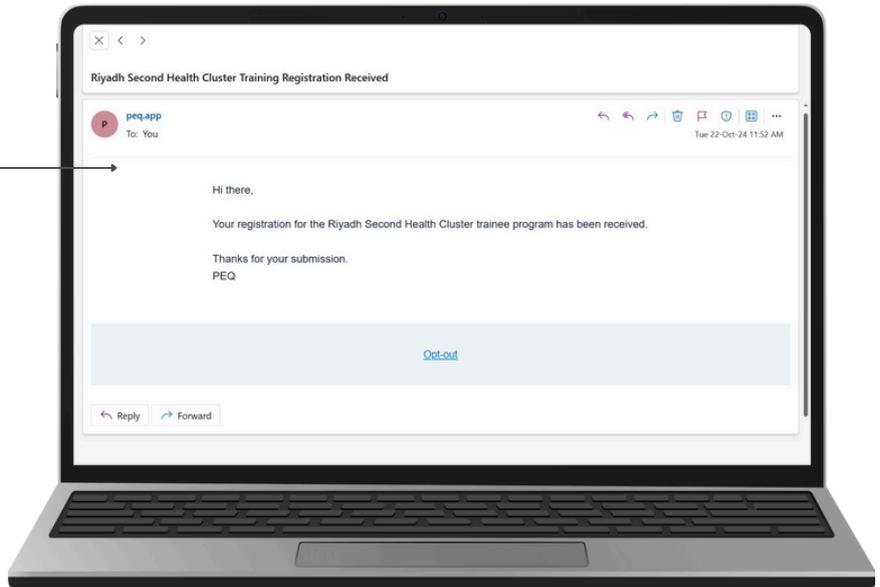
تأكيد التسجيل

Please click the 'Complete' button to be redirected to the website.
يرجى الضغط على زر "إتمام" للانتقال إلى الموقع الإلكتروني.



An automated email confirming receipt of your submission will be sent to your registered email address.

إرسال بريد إلكتروني آلي لتأكيد استلام الطلب إلى عنوان بريدك الإلكتروني المسجل.





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Registration Forms

نماذج التسجيل

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

المملكة العربية السعودية
وزارة الصحة
تجمع الرياض الصحي الثاني
الأكاديمية والتدريب

Academic Institute - Application for Training Form

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

PERSONAL INFORMATION (TO BE FILLED BY APPLICANT)

First Name: _____ Contact No: _____
Last Name: _____ Email: _____
Date of Birth: _____ Job Title: _____
Nationality: _____ Country: _____

TRAINING CATEGORY

Training Program: Resident/Residency Year SP IP PH Intern Self Business

Training Field: Medical Dental Allied Health Pharmacy Nursing Sports/Physio

Specialization: _____ Start Date: _____ End Date: _____

TRAINING DURATION

Training Objective: "Please outline the training objectives that must be achieved by the conclusion of the training period."

Training Location: "Please detail the training location, specifying all required departments."

TRAINING SITE

King Fahad Medical City (Other Health & Nursing) Ar Rass Medical Center (Abdullah Hospital) King Salman Center for Kidney Diseases
 Al Fozan Hospital King Khalid Hospital in Al Madinah Al Sulaybiyah General Hospital Al Sulaybiyah Hospital
 Prince Sultan General Hospital Prince Sultan General Hospital Al Bahri General Hospital Riyadh General Hospital

Headquarters for completion of the registration file: _____ (All marked fields must be completed unless otherwise specified)

ON-SITE ACCOMMODATION (Exclusive for Nursing Trainees)

Request for On-Site Accommodation: Yes No (Indicate all the On-Site Accommodation)

Accommodation Availability and Confirmation: Accommodation (Please fill for those on-site accommodation)
 Acknowledge that on-site accommodation is subject to availability on a first come, first served basis. This application does not guarantee the allocation of on-site accommodation.

Please indicate the following statements and check the box to indicate your understanding.

I hereby confirm the accuracy of the information provided in my application.
 I affirm the institution'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 adhere to the training rules and regulations established by the Riyadh Second Health Cluster.

Applicant Name: _____
Applicant Signature: _____
Application Date: _____

Registration forms and supporting documents must be submitted to the registration platform no later than four weeks prior to the training program's commencement date. For requests email: training@rshc.gov.sa

Saudi Health Cluster
Riyadh Second Health Cluster
Phone: 800217390

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وزارة الصحة
تجمع الرياض الصحي الثاني
الأكاديمية والتدريب

Academic Institute Registration Form

This form is for university and college coordinators to register students and interns in training programs at the Riyadh Second Health Cluster.

نموذج تسجيل المؤسسات الأكاديمية

يستخدم هذا النموذج من قبل منسقي الجامعات والكليات لتسجيل الطلاب والمتدربين في برامج التدريب بتجمع الرياض الصحي الثاني.



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

المملكة العربية السعودية
وزارة الصحة
تجمع الرياض الصحي الثاني
الأكاديمية والتدريب

Individual Trainee Registration Form

This **must** complete all registration fields and submit the necessary documents.

PERSONAL INFORMATION (TO BE FILLED BY APPLICANT)

First Name: _____ ID NUMBER: NIKED NIKEM NIKEM2

Last Name: _____ CONTACT NUMBER: _____
Date of Birth: _____ SEX: MALE FEMALE

NATIONALITY: _____ PASSPORT NUMBER: _____
START DATE: _____
END DATE: _____

PROFESSION: _____ COUNTRY: _____

FIELD: Medical Dental Allied Health Pharmacy Nursing SPORTS RESNA GENERAL ATTACHMENT

TRAINING DURATION

Training Objective: "Please outline the training objectives that must be achieved by the conclusion of the training period."

Training Location: "Please detail the training location, specifying required departments."

TRAINING SITE

King Fahad Medical City (Other Health & Nursing) Ar Rass Medical Center (Abdullah Hospital) King Salman Center for Kidney Diseases
 Al Fozan Hospital King Khalid Hospital in Al Madinah Al Sulaybiyah General Hospital Al Sulaybiyah Hospital
 Prince Sultan General Hospital Prince Sultan General Hospital Al Bahri General Hospital Riyadh General Hospital

Headquarters for completion of the registration file: _____ (All marked fields must be completed unless otherwise specified)

Please indicate the following statements and check the box to indicate your understanding.

I hereby confirm the accuracy of the information provided in my application.
 I affirm my commitment to fulfilling the required financial obligations when required prior to receiving the end-of-training certificate.
 I acknowledge my responsibility to complete all registration requirements as stipulated by the Riyadh Second Health Cluster.
 I consent to adhere to all training rules and regulations established by the Riyadh Second Health Cluster.

FULL NAME: _____
APPLICANT SIGNATURE: _____
DATE: _____

Registration forms and supporting documents must be submitted to the registration platform no later than four weeks prior to the training program's commencement date. For requests email: training@rshc.gov.sa

Saudi Health Cluster
Riyadh Second Health Cluster
Phone: 800217390

المملكة العربية السعودية
وزارة الصحة
تجمع الرياض الصحي الثاني
الأكاديمية والتدريب

Individual Registration Form

This form is for individual applicants either students, interns or clinical attachments to register at the Riyadh Second Health Cluster training programs.

نموذج تسجيل الأفراد

يُخصص هذا النموذج للمتقدمين الأفراد من الطلاب والامتياز و متدربي الخبرة السريرية للتسجيل في برامج التدريب بتجمع الرياض الصحي الثاني.



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Thank You

 www.peq.app

 support@peq.app

 Riyadh Second Health Cluster