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

تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster

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

Individual Trainee Registration Form

You must complete all registration fields and submit the necessary documents.

PERSONAL INFORMATION (TO BE FILLED BY APPLICANT)					
NAME	(First)		GENDER	☐ MALE ☐ FEMALE	Attach a photo (4x6)
	(Middle)		CONTACT NUMBER		
	(Last)		SAUDI ID/IQAMA NUMBER		
NATIONALITY			SAUDI ID/IQAMA EXPIRY DATE		
DOB (DD/MM/YYYY)			START DATE	____ / ____ / 20____	
EMAIL			END DATE	____ / ____ / 20____	
UNIVERSITY				COUNTRY	
FIELD	☐ Medical ☐ Dental ☐ Dental Allied Health ☐ Pharmacy ☐ Allied Health			CATEGORY	☐ INTERN ☐ CLINICAL ATTACHMENT
SPECIALITY					

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 required department."

TRAINING SITE

☐ King Fahad Medical City	☐ Prince Mohammed Bin Abdulaziz Hospital	☐ Al Yamama Hospital
☐ King Salman Center for Kidney Diseases	☐ King Khaled Hospital in Al Majmaa	☐ Al Artawiyeh General Hospital
☐ Al Zulfi General Hospital	☐ Tumier General Hospital	☐ 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 tick the box to indicate your comprehension.

- ☐ **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 abide by all training rules and regulations established by the Riyadh Second Health Cluster.**

FULL NAME:

APPLICANT SIGNATURE:

DATE:

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@peq.app