

## Academic Institute - Application for Nursing 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>	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."

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**Training Rotation** "Please detail the training rotation, specifying all required departments."

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### 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
<input type="checkbox"/> Hotat Sedir General Hospital	<input type="checkbox"/> Remah General Hospital	

*Should the program be unavailable at the selected training sites, the coordinator will contact you to explore alternative options.*

### ON-SITE ACCOMMODATION

Request for On-Site Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of On-Site Accommodation	
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**Accommodation Availability and Confirmation Acknowledgement** (Please tick the box to confirm your acknowledgment.)

<input type="checkbox"/> I 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.
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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 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.opp](mailto:support@peg.opp)



TRAINEE INFORMATION						
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