

Individual - Application for Nursing Training Form

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

PERSONAL INFORMATION (TO BE FILLED BY APPLICANT)					
Name	(First)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
	(Middle)		Saudi ID/Iqama No.		
	(Last)		Nationality		
Contact No.			Email		
University				Country	
TRAINEE CATEGORY					
Trainee Category	<input type="checkbox"/> Intern <input type="checkbox"/> Clinical Attachment	Start Date	___ / ___ / 20___	End Date	___ / ___ / 20___
RC2 EMPLOYEE INFORMATION "To be completed by trainee applicants who are exclusively RC2 Employees."					
Employee ID			Place of Employment		
CLINICAL ATTACHMENT INFORMATION "To be completed by applicants solely requesting clinical attachment training."					
SCFHS Registration			Place of Employment		
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		
<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.					
REQUEST FOR ON-SITE ACCOMMODATION			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.					

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 my 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 my 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

