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

تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster
شركة الصحة القابضة

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

Academic Institute - Application for Training Form

Academic Institute Coordinator <u>must</u> 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 ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH　　2. Intern ☐	**Total Trainees**	
Training Field	☐ Medical　☐ Dental　☐ Allied Health　☐ Pharmacy　☐ Nursing	**Specialty/Dept.**	
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

☐ King Fahad Medical City (Allied Health & Nursing)	☐ Prince Mohammed Bin Abdulaziz Hospital	☐ King Salman Center for Kidney Diseases
☐ Al Yamama Hospital	☐ King Khaled Hospital in Al Majmaa	☐ Al Artawiyeh General Hospital	☐ Al Zulfi General Hospital
☐ Hotat Sedir General Hospital	☐ Tumier General Hospital	☐ Al Ghat General Hospital	☐ 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 (Exclusive for Nursing Trainees)

Request for On-Site Accommodation	☐ Yes　☐ No	**Number of On-Site Accommodation**	

Accommodation Availability and Confirmation Acknowledgement (Please tick the box to confirm your acknowledgment.)

☐ 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 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@peq.app

Saudi Arabia- Riyadh
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Phone 8001277000

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TRAINEE INFORMATION

NO.	NAME	GPA	NATIONAL ID	CONTACT NUMBER	EMAIL	RC2 EMPLOYEE ID (IF APPLICABLE)
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