**إدارة التعليم الطبي والأبحاث**

قسم التدريب الطبي

**Medical Education & Research Department**

Medical Training Section

**Work Placement Application Form**

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| **Applicant Details** | | |
| Name: \* | Click or tap here to enter text. | |
| Mobile Phone No.: \* | Click or tap here to enter text. | |
| Guardian’s Mobile Phone No. (for students under the age of 18): \* | Click or tap here to enter text. | |
| Email Address: \* | Click or tap here to enter text. | |
| Are you UAE resident? \* | Yes | No |
| Please mention your nationality: \* Click or tap here to enter text. | |
| Emirates ID No: \* | Click or tap here to enter text. | |
| Passport No.: \* | Click or tap here to enter text. | |

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| **Applicant School/University/Organization Details** | |
| School/University/Organization Name: \* | Click or tap here to enter text. |
| Student ID/ Staff ID: \* | Click or tap here to enter text. |
| Major (for students): \* | Click or tap here to enter text. |
| Unit/Section/Dept (for employees): \* | Click or tap here to enter text. |
| School/University supervisor’s or coordinator’s name and contact information (email/phone): \* | Click or tap here to enter text. |

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| **Work Placement Details** | | | |
| DHA Organizational Unit: \* | | Click or tap here to enter text. | |
| Training Type: \* | | Choose an item. | |
| Start Date: \* | Click or tap to enter a date. | End Date: \* | Click or tap to enter a date. |
| Training Hours per day: \* | | Click or tap here to enter text. | |
| Purpose of the Training: \* | | Click or tap here to enter text. | |

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| **Terms and Conditions:** |
| * Only UAE nationals and residents are permitted for the work placement experience at DHA. * The training duration is subject to the concerned department approval. * Applicant is not allowed to take any leave during the training period. In case of emergencies the applicant should compensate by working other days. |

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| **Applicant must insure to attach the following documents:** | |
| **You must insure to submit the following documents along with this application form to** [**wplacement@dha.gov.ae**](mailto:wplacement@dha.gov.ae)**:**   * Updated CV * EID/Passport Copy * Visa Copy if applicable * Applicant Photo * Copy of Staff ID/ Student ID * (to whom it may concern) letter from applicant university or organization consenting the official training at DHA * Good Standing Certificate from Dubai Police | |
|  | **Applicant Signature:** |
|  | **Guardian of the applicant signature,**  (For the student under the age of 18): |