附件3

**Application Form**

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| **Basic information** | | | | | | | | | | |
| Last Name | | |  | First Name | |  | | | Photo | |
| Gender  (male or female) | | |  | Date of Birth | | (dd/mm/yyyy) | | |
| Birthplace | | |  | | | | | |
| Employer | | |  | | | | | | | |
| Department | | |  | | | | | | | |
| Professional direction | | |  | | | Specific direction | | |  | |
| Administration Post | | |  | | | Job Title | | |  | |
| Preferred Specialties for Observership | | |  | | | | | | | |
| **Learning Objectives**  Please state your 3 learning objectives in order of priority (i.e. observing certain medical procedures, practices, working within certain sub-specialty departments).  Please be specific so we can work towards meeting your objectives. | | | | | | | | | | |
| 3 key special areas of focus for the observership:  3 key study objectives for the observership: | | | | | | | | | | |
| **Education**  Please state you education experience related to college or university, start from the time near to far | | | | | | | | | | |
| Date | | Institution | | | | Subject | Qualification | | | |
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|  | |  | | | |  |  | | | |
| **Foreign Training Experience**  Please list the foreign training courses you attended, the training experiences | | | | | | | | | | |
| Date | Training Organization | | | | Training Name | | | Location | | |
|  |  | | | |  | | |  | | |
|  |  | | | |  | | |  | | |
| **English Skills**  English Test Scores or certificate | | | | | | | | | | |
|  | | | | | | | | | | |
| **Work Experience**  Please state your working experiences from time near to far  Please notice that “住院医师” is resident physician, “主治医师” is attending physician in English, “副主任医师” is associate chief physician, “主任医师” is chief physician in English respectively. | | | | | | | | | | |
| Date | Corporation | | | | | Department | Position | | | Title |
|  |  | | | | |  |  | | |  |
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| **Professional Achievements** | | | | | | | | | | |
| Your past awards, research topics, and published papers can be placed here | | | | | | | | | | |