GENERAL INFORMATION

**Program:** Clinical Observership Program

|  |  |  |
| --- | --- | --- |
| **First Name\*** | **Middle Name\*** | **Last Name\*** |
| *.* |  | *.* |  | *.* |

|  |  |  |
| --- | --- | --- |
| **Gender\*** | **Marital Status\*** | **Nationality\*** |
| Choose an item. |  | Choose an item. |  | *.* |

|  |  |  |
| --- | --- | --- |
| **Date of Birth\*** | **Place of Birth\*** | **Country of Residence\*** |
| *.* |  | *.* |  | *.* |

|  |  |
| --- | --- |
| **Contact Number\*** | **Email Address\*** |
| *.* |  | *.* |

|  |
| --- |
| **Please confirm your email address\*** |
| *.* |

**Have you previously applied to CRH's Observership Program? \***

[ ]  Yes

[ ]  No

**Are you a Son/Daughter of CRH Caregiver? \***

[ ]  Yes

[ ]  No

|  |  |  |
| --- | --- | --- |
| **Level of Training \*** |  | **Field of Specialty \*** |
| Choose an item. | *.* |

PREFERRED TRAINING DATES

*Please note, you must allow two months for application processing. Training dates starting sooner than two months from application submission will not be accommodated.*

|  |  |  |
| --- | --- | --- |
| **Training Start Date \*** |  | **Training End Date \*** |
| *.* | *.* |

***NOTE: APPROVED TRAINING DATES ARE FINAL AND WILL NOT BE SUBJECT TO ANY CHANGES OR REVISION.***

SPECIALTY OF INTEREST

|  |
| --- |
| **Specialty 1st Choice \*** |
| *.* |

|  |
| --- |
| **Specialty 2nd Choice \*** |
| *.* |

|  |
| --- |
| **Specialty 3rd Choice \*** |
| *.* |

DOCUMENTATION

|  |  |  |
| --- | --- | --- |
| **Passport Copy (Clear & Colored Copy) \*** | **Photo (Passport Size)*(High resolution photo for security requirements)* \*** | **Are you a UAE Resident? \*** |
| Choose file | Choose file | [ ]  Yes[ ]  No |

|  |  |
| --- | --- |
| **Health Insurance for UAE Residents*Non-UAE residents will need to provide proof of traveller’s insurance if accepted into the program.*** | **COVID-19 Vaccination (Attach Proof of Vaccination) \*** |
| Choose file | Choose file |

EMPLOYMENT STATUS

|  |
| --- |
| **Are you currently employed? \*** |
| [ ]  Yes[ ]  No |

|  |
| --- |
| **Employer details\*** |
| *.* |

EDUCATION

|  |
| --- |
| **What is your highest level of education? \***  |
| Choose an item. |

|  |
| --- |
| **Country \*** |
| *.* |

|  |  |  |
| --- | --- | --- |
| **Start Date of highest educational program \*** |  | **End Date \*** |
| *.* | *.* |

|  |
| --- |
| **How did you hear about this Observership program? \*** |
| *.* |

ADDITIONAL DOCUMENTATION

|  |
| --- |
| **Please upload a copy of your CV / Resume. \*** |
| Choose fileShape  Description automatically generated with low confidence |

**Please upload a copy of your Letter of Intent (Cover Letter)**

*Provide personal background information, describe why the program at CRH appeals to you, and define what skills and interests you have that would make you a good candidate for this program* \*

|  |
| --- |
| Choose fileShape  Description automatically generated with low confidence |

**Please provide one (1) Letter of Recommendation.** (*Must be in PDF format*)
*At least one should be from a direct supervisor, chairman or section head.* **\***

|  |
| --- |
| Choose file |

**Please provide a Letter of Endorsement from the Dean or Program Director of your institution (*if applicable)*.**

*The letter of endorsement is meant to signify acknowledgement from your institution that you are applying to an education program at CRH.*

|  |
| --- |
| Choose file |

QUALIFICATION

|  |  |
| --- | --- |
| Are you a Medical License Holder? \* | Please upload a copy of the license\* |
| Choose file | Choose file |

AGREEMENT

* All INCOMPLETE and submitted applications will be automatically deleted from our system. Please take time in filling up the form and uploading the required documents.
* Observers are not employed by CRH.
* Observers DO NOT receive any financial support, worker's compensation, housing, insurance coverage, or other compensation from CRH.
* Observers must follow all bylaws, procedures, and policies implemented at CRH.
* Observers must follow patient confidentiality as outlined in policy “Confidentiality of Patient Health Information”.
* Observers are asked to bring their own white coats and comply with professional dress code which is business attire
* Observership completion certificates must not be presented as qualifications or work experience to other entities (e.g. must not be listed on personal CV's, resumes, etc. as work experience or educational qualification)
* Observers will not receive any academic credit that may constitute as added value to licensure or board certification.
* Observerships are clinical shadowing experiences and observers will not participate in any direct patient care activities.
* In any case that you will not be able to complete your program, the Academic Office will not issue a Certificate.
* CRH may terminate an observership at its own discretion without any appeal process by the observer.

**I AGREE, AND CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE.**

**I ABIDE AND CONFORM TO THE CONFIDENTIALITY OF PATIENT HEALTH INFORMATION POLICY.** \*

[ ]  Agree

[ ]  Disagree

|  |  |  |
| --- | --- | --- |
| **Signature \*** |  | **Date \*** |
| *.* | *.* |