

Application Clinical Fellowship

Personal data

Family name:	<input type="text"/>	First name:	<input type="text"/>
Nationality:	<input type="text"/>	Date of birth:	<input type="text"/>
Title:	<input type="text"/>	Gender:	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other
Street & no.:	<input type="text"/>		
ZIP code:	<input type="text"/>	City:	<input type="text"/>
Country:	<input type="text"/>	Phone no.:	<input type="text"/>
Passport no.:	<input type="text"/>	Date of expiry:	<input type="text"/>
Email:	<input type="text"/>		
Highest medical degree awarded: Depending on the country of origin, an authentication might be mandatory.	<input type="text"/>		

Emergency contact person

Name:	<input type="text"/>
Phone no./email:	<input type="text"/>

Planned stay at Medical University of Graz/University Hospital Graz

min. 3 to max. 12 months

Duration:	<input type="text"/> months from <input type="text"/> to <input type="text"/>
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Department/Division

<https://www.medunigraz.at/en/university-departments>

1. <input type="text"/>
Division (if applicable): <input type="text"/>

Language skills

Adequate language skills in either English or German are compulsory.

<https://www.coe.int/en/web/common-european-framework-reference-languages/table-1-cefr-3.3-common-reference-levels-global-scale>

German	<input type="text"/>	English	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and address of your home institution/ grant agency

Your home institution/grant agency guarantees your current and continuous affiliation (monthly salary or grant incorporated) throughout the duration of your Fellowship at the Med Uni Graz/University Hospital Graz.

Name:	<input type="text"/>		
Street & no.:	<input type="text"/>		
ZIP code:	<input type="text"/>	City:	<input type="text"/>
Country:	<input type="text"/>	Phone no.:	<input type="text"/>
<i>Contact details of person authorized to confirm Fellowship agreement (legal representative, HR-Department)</i>			
Family name:	<input type="text"/>	First name:	<input type="text"/>
Title:	<input type="text"/>	Gender:	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other
Function:	<input type="text"/>	Email:	<input type="text"/>

Billing address for Clinical Fellowship fee

For the period of the Clinical Fellowship a non-refundable processing fee of EUR 700.00 is required. The fee will be due once the application has been approved. The applicant will be notified of the approval and receive the payment information thereafter. The fee must reach Med Uni Graz in full for further processing. Please add the billing address for the Clinical Fellowship fee.

Name:	<input type="text"/>		
Street & no.:	<input type="text"/>		
ZIP code:	<input type="text"/>	City:	<input type="text"/>
Country:	<input type="text"/>	Email:	<input type="text"/>

Enclosures

Please note: Your application can only be processed if all required documents are attached.

<input type="checkbox"/>	CV (with personal/professional data)
<input type="checkbox"/>	Motivation Letter
<input type="checkbox"/>	Passport scan (page stating name, photo, passport no. and date of birth)
<input type="checkbox"/>	Scan of valid visa or residence permit (if currently living or working in country other than home country)
<input type="checkbox"/>	Scan of birth certificate (foreign documents must be submitted in legalized German/English translation ¹)
<input type="checkbox"/>	Proof of qualification: <ul style="list-style-type: none">• scan of graduate certificate in medicine (foreign documents must be submitted in legalized German/English translation)• scan of Physicians License and/or highest medical degree (foreign documents must be submitted in legalized German/English translation)
<input type="checkbox"/>	Proof of language skills (either English or German)
<input type="checkbox"/>	Appropriate evidence of employment/grant If financed by home institution please submit salary statement; if financed by a grant agency (government, scientific and/or medical society), please submit corresponding documentation.

¹ Depending on the issuing country of the document, a legalisation by means of an apostille or full diplomatic legalisation is required.

Further documents, to be handed in with the signed Clinical Fellowship agreement:

• Research/Educational Program
• Immunization record (only Med Uni Graz form/template can be accepted, issue date not older than 3 months prior to fellowship commencement)
• Recent Criminal Record (issue date not older than 3 months prior to fellowship commencement; foreign documents must be submitted in legalized German/English translation)
• Recent Certificate of Good Standing (issue date not older than 3 months prior to fellowship commencement; Foreign documents must be submitted in legalized German/English translation)
• Proof of health and accident insurance coverage for the period spent at Med Uni Graz covering at least EUR 30,000.- (the policy has to be issued in English or German) or a scan of the European health insurance card.

Declaration by the applicant

Your application can only be accepted if all the checkboxes have been ticked.

<input type="checkbox"/>	I confirm that this application is no legal entitlement to participate in the Clinical Fellowship and that the consideration of my application is subject to the fulfilment of the necessary professional qualifications and legal requirements.
<input type="checkbox"/>	I confirm that upon approval of this application I/my grant agency will pay a non-refundable processing fee of EUR 700.00. The payment must be completed in order to receive the Fellowship agreement.
<input type="checkbox"/>	I will sign an a Fellowship agreement stating the terms and conditions of my stay at the Med Uni Graz/University Hospital Graz.
<input type="checkbox"/>	I confirm that I am only allowed to treat patients or assist in patients treatment exclusively under direction and supervision and in accordance with my training plan, which has been predetermined. I am furthermore not allowed to perform standby or on-call duties.
<input type="checkbox"/>	I understand that the Med Uni Graz/University Hospital Graz is not liable for any financial support (neither salary nor grant or any other kind of compensation). Fellows must be able to present sufficient personal financial means to cover their stay in Graz/University Hospital Graz.
<input type="checkbox"/>	I understand that I am responsible for obtaining my own visa and other necessary travel documents, immunizations and other requirements as stipulated by the governments of the country of my travel and/or Austria.
<input type="checkbox"/>	I herewith declare that I do not suffer from any infectious diseases. I understand that I might have to undergo a medical examination after my arrival in Graz to ensure patient safety.
<input type="checkbox"/>	The Austrian Maternity Protection Act, Federal Law Gazette no. 21/1979, provides several prohibitions of employing pregnant women as well as prohibitions of employment after childbirth. For example, Section 4, Para 3 states that pregnant employees must not perform any work where they are exposed to special risks of accident considering their pregnancy. I confirm that due to these legal maternity protection requirements and the tasks typically carried out at certain departments I might not be able to carry out any work at designated departments in case of pregnancy or recent confinement.
<input type="checkbox"/>	I herewith declare my agreement to the privacy policy.
<input type="checkbox"/>	I herewith declare my agreement to the usage of pictures taken during events hosted by Med Uni Graz/University Hospital. The pictures may be used and modified for teaching and research purposes in different systems and platforms (IMS examination management system, Virtual Medical Campus, website, social networks and others). I can withdraw this declaration anytime by letter or email (clinicalfellowship@medunigraz.at). This withdrawal applies only to future publications.
<input type="checkbox"/>	I certify the accuracy and completeness of the information I have provided above. In order to ensure that my data remains up to date, I will immediately notify Med Uni Graz of any changes referring to this application.

Date: