



UNIVERSITÄTS
KLINIKUM
HEIDELBERG

APPLICATION FORM FOR ADMISSION TO CLINICAL OBSERVERSHIP FOR
VISITING DOCTORS

Last Name: _____ First Name: _____

male female diverse (optional mention)

Date of birth: _____

Hospital of Employment: _____

Home Address: _____

Nationality: _____

E-mail: _____

Time period of observership for which you are applying (generally 4 weeks):

Subject: _____ Date: _____ to _____ (dd/mm/yy)

Knowledge of German:

intermediate (B2) good (C1) very good (C2) mother tongue

I understand that once I have been accepted, I recognize a commitment to this observership and will not withdraw without providing written notice well in advance of the starting date indicated above.

Date: _____ Signature: _____

Curriculum Vitae and Letter of application attached

