

APPLICATION

SPECIALIST MEDICAL TRAINING PROGRAM

For doctors applying outside the European Union

REQUIREMENTS

In order to be eligible to apply for specialist training you need to fulfill requirements about experience and conditions. Please confirm that you fulfill the requirements below by marking the box.

- I have a relevant M.D. degree and graduation certificate with a GPA average of 65% or higher.
- I have at least two (2) years of clinical experience.
- I have a financial guarantee from my country covering tuition fees and my living expenses for whole training period including introduction year if needed.
- I speak English fluently and can provide a TOEFL or IELTS test result of level B2 or above.
- I can travel to Sweden on own expenses to meet the clinic and Skåne Care.
- I understand that I will undergo training without a Swedish license and will not be able to work after my training as a doctor in Sweden.
- I understand that I will receive my certificate from Skåne University Hospital and the Swedish National Board of Health and Welfare.
- I understand that I need to speak Swedish fluently according to level C1 (CEFR) before I enter the specialist training program, which involves an introduction period in Sweden of up to 18 months.

SUMMARY MEDICAL QUALIFICATION		
University of Medical Degree:		GPA %:
Medical Internship Institution:		
SUMMARY CLINICAL EXPERIENCE		
Time Period	Institution	Role

PERSONAL INFORMATION

Family name:	Sex:
First name:	Date of birth YYYY-MM-DD:
Middle name:	Citizenship:

CONTACT INFORMATION

Phone:	E-mail:
Address:	Postal code:
City:	Country:

APPLICATION

Specialty choice:
Sub-Specialization/Fellowship (if interested):

LANGUAGE

English: <input type="checkbox"/> No skills <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent <input type="checkbox"/> Native
Arabic: <input type="checkbox"/> No skills <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent <input type="checkbox"/> Native
Other (please specify): <input type="checkbox"/> No skills <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent <input type="checkbox"/> Native

ADDITIONAL INFORMATION

--

DOCUMENTS REQUIRED TO COMPLETE THE APPLICATION

The application form shall be accompanied by following documents in English to be complete. Please send completed and signed form together with required documents in **ONE** PDF file to: specialisttraining@skanecare.com. Incomplete applications will not be processed.

Thank you for your application and interest!

- | | | |
|--|--|--|
| <input type="checkbox"/> Max One (1) page personal letter including goals and expectations | <input type="checkbox"/> Transcript copy | <input type="checkbox"/> Max three (3) reference letters |
| <input type="checkbox"/> Max Two (2) page CV, including educational periods and employment periods | <input type="checkbox"/> Graduation certificate copy | <input type="checkbox"/> Copy of Financial Guarantee |
| | <input type="checkbox"/> TOEFL or IELTS certificate copy | <input type="checkbox"/> Passport copy |

CONSENT TO PROCESSING OF PERSONAL INFORMATION

Skåne Care AB will mediate contact with the clinics in southern Sweden if there is an available position announced. Skåne Care AB is subject to rules regarding processing of personal data according to European legislation GDPR:2018, inter alia General Data Protection Regulation (2018). In order to coordinate the specialist training requested Skåne Care AB needs your consent to process the information in this application and accompanied documents (see required documents above). The data will be processed by employees within Skåne Care AB and employees within the clinic involved in the clinical training. Application files are saved up to a total of four (4) years unless a cancellation is made beforehand. For candidates accepted to the program, application files are saved up to one (1) year after completion or in case of early termination of studies.

- I hereby give my consent to the processing of my personal data by Skåne Care AB in accordance with written above.

Date (yyyy-mm-dd):

Place:

Printed name:

Signature:

According to GDPR (2018) you have the right to, free of charge and once per year get information about what personal data Skåne Care AB holds about you, including where the data has been collected, the purpose of the processing and to which recipient/recipients the data is disclosed. Application for information shall be made in writing and sent to Skåne Care AB, Trollebergsvägen 5, 222 29 Lund, Sweden.