**APPLICATION FORM**

**FOR CLINICAL FELLOWSHIP PROGRAMS**

1. Please, indicate which Clinical Fellowship Program you are applying for.

Check one box only.

□ Gynecologic Oncology

□ Maternal-Fetal Medicine

□ Reproductive Endocrinology and Infertility

1. Personal information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Photo | Last name |  | Last name  (in Kazakh or Russian)\* |  |
| First name |  | First name  (in Kazakh or Russian)\* |  |
| Middle name |  | Middle name  (in Kazakh or Russian)\* |  |
|  | **Enter name exactly as it appears on official documents** | | **\* For the citizens of the Republic of Kazakhstan and holders of permanent residence cards only** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Birth Date (yyyy-mm-dd) |  |  | ***Telephone numbers*** | |
| Gender | 𑂽 Male 𑂽 Female | Home |  |
| E-mail address |  | Cell |  |
| Country of citizenship |  | ***Permanent home address (officially registered)*** | |
| Do you have any dual citizenship | 𑂽 Yes 𑂽 No | Country |  |
| If Yes, please indicate |  | Zip/Postal code |  |
| Do you hold a permanent residence card of the Republic of Kazakhstan? | 𑂽 Yes 𑂽 No | State/Province |  |
| Permanent residence card number |  | City/town |  |
| Date of issue |  | Please specify State/Province and City/Town |  |
| Expiration date |  | Street |  |
| Country of residence |  | House |  |
| Country of birth |  | Apartment |  |
| Ethnicity |  |  | |
| Current marital status |  | ***Current mailing address (the address where you currently live)*** | |
| ID | 𑂽 ID | Country |  |
| Number |  | Zip/Postal code |  |
| Issued by |  | State/Province |  |
| Date of issue |  | City/town |  |
| Expiration date |  | Please specify State/Province and City/Town |  |
| Passport | 𑂽 Passport | Street |  |
| Number |  | House |  |
| Issued by |  | Apartment |  |
| Date of issue |  | ***Alternative contact*** | |
| Expiration date |  | Name of next-to-kin |  |
| Individual Identity Number (according to the national ID card) |  | Relationship |  |
|  |  | Other |  |
|  |  | Telephone |  |
|  |  |  |  |

1. Academic background

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of academic degrees, including completed and those in progress** | | |  |
| Please kindly list your every undergraduate and graduate institution attended, or you are currently attending. All educational institutions attended must have transcripts. Your degree-granting undergraduate institution must be listed first. | | | |
| From |  | To |  |
| Country |  | Region/City |  |
| Degree |  | Institution |  |
| Major |  | Cumulative GPA (\_out of 4.00) |  |
| Source of financing |  |  |  |
|  |  |  |  |
| From |  | To |  |
| Country |  | Region/City |  |
| Degree |  | Institution |  |
| Major |  | Cumulative GPA (\_out of 4.00) |  |
| Source of financing |  |  |  |
|  |  |  |  |
| From |  | To |  |
| Country |  | Region/City |  |
| Degree |  | Institution |  |
| Major |  | Cumulative GPA (\_out of 4.00) |  |
| Source of financing |  |  |  |
|  |  |  |  |
| From |  | To |  |
| Country |  | Region/City |  |
| Degree |  | Institution |  |
| Major |  | Cumulative GPA (\_out of 4.00) |  |
| Source of financing |  |  |  |
|  |  |  |  |
| From |  | To |  |
| Country |  | Region/City |  |
| Degree |  | Institution |  |
| Major |  | Cumulative GPA (\_out of 4.00) |  |
| Source of financing |  |  |  |
|  |  |  |  |
| **Please list all voluntary clinical work or active work and their duration in hospitals or other healthcare environment (if any)** | | | |
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1. Testing information

|  |  |  |  |
| --- | --- | --- | --- |
| **I obtained university level degree in an educational institution (s) with English**  **as the language of instruction (English language waiver)** | | | 𑂽 Yes 𑂽 No |
| **I have registered for IELTS/TOEFL** | 𑂽 Yes 𑂽 No | exam will be taken on  yyyy-mm-dd | and results will be available on  yyyy-mm-dd |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IELTS/TOEFL results uploaded by the applicant.** | | | | | | | | |
| CERTIFICATE  TYPE ID | TOEFL type ID | Exam reg. number | Exam date | Listening score | Reading score | Writing score | Speaking score | Overall score |
| 𑂽 IELTS  𑂽 TOEFL |  |  |  |  |  |  |  |  |

1. Honors

|  |
| --- |
| Please list any distinctions, honors and awards received that may be relevant to the application. |
|  |

1. Professional (work) experience

|  |  |
| --- | --- |
| Years \_\_\_\_ Months \_\_\_\_ ☐ I am fresh graduate | |
| Please indicate below the last three professional and work experiences that you have had (including your present position). Proven work experience will be counted only! | |
| Organization name (current) |  |
| Employment sector information |  |
| Address (Street/City/Country) |  |
| Position title |  |
| Start date yyyy-mm-dd |  |
| Key responsibilities: |  |
|  |  |
| Organization name (previous) |  |
| Employment sector information |  |
| Address (Street/City/Country) |  |
| Position title |  |
| Start date yyyy-mm-dd |  |
| Key responsibilities: |  |
|  |  |
| Organization name (previous) |  |
| Employment sector information |  |
| Address (Street/City/Country) |  |
| Position title |  |
| Start date yyyy-mm-dd |  |
| Key responsibilities: |  |

1. Signature

|  |  |
| --- | --- |
| I certify that all statements made by me in this form are correct. I understand that I may be subjected to a range of possible disciplinary actions including dismissal from the program if information that I have certified here is proved to be false. | |
| Signature | Date |

**Consent**

**for prospective fellow's personal data processing**

In order to comply with the law of the Republic of Kazakhstan “On Personal Data and Its Protection”, Prospective fellow gives his/her consent to: the School of Medicine of the autonomous organization of education “Nazarbayev University”, located at 5/3 Zhanibek and Kerei Khandar ave., Yessil district, Astana (hereinafter - “School”) to collect (including from third parties), process, use, store his/her personal data recorded in hard (and electronic format if applicable), and (or) other physical storage media, which may contain (including, but not limited to):

1. Information necessary for proper identification

- Full name, first name and surname transcription;

- Information about change of first name, surname and patronymic;

- Birth data: place of birth, date of birth, ethnicity, sex;

- Nationality data;

- Information about alternative contacts (next-to-kin);

- Identity Document details: document name, number, issue date, expiry date, issuing authority;

- Individual Identification Number (IIN).

2. Education summary

Information about education, qualification and special knowledge or special training: enrollment date (dismissal date); series, number, issue date of diploma, certificate, graduation certificate or any other educational institution diploma; name and location of educational institution; faculty or department, qualification and major after graduation from educational institution; academic degree; academic title; foreign languages proficiency.

3. Contact details

- Phone numbers: home phone number, cell phone number and additional contact number in case of emergency;

- E-mail address;

- Residence address, registration address.

4. Information about competitive selection process for the Program entrance purpose

- Name of exams;

- Date and place of exams;

- Exams results.

5. Other data required to the School

- Medical examination details;

- Details of extracurricular activities, professional experience and career development.

Information provided will be used in accordance with the School's activity including but not limited to the following purposes:

1) recording and managing education, personal development and progress indicators;

2) recording and managing admission, admission/contest process data management;

3) verifying conformity and eligibility for the program including identity and background check;

4) managing and maintaining safe environment for prospective fellows;

5) exchanging information with the University's structural divisions and prospective fellows;

6) submitting statistical data, information materials for the School and University websites, publishing materials;

7) marketing objectives, reference in events, publications in the media, social networks, websites and printing materials;

8) for other purposes likely to be established by the laws of the Republic of Kazakhstan.

Consent of prospective fellow:

I hereby give my consent to the School to process and use my personal data for the purposes stated above.

I agree to my personal data being used within the functional operation of information portals and systems of the School and the autonomous organization of education Nazarbayev University.

I am aware of the video surveillance provided for security functions.

This Consent becomes effective on the date of application to participate in the selection process to the School's Clinical Fellowship programs. It shall remain in force indefinitely and may be withdrawn via a written notice.

I acknowledge that I have read, fully understand, and agree with the Consent for prospective fellow’s personal data processing.

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_