



مركز الحسين للسرطان
King Hussein Cancer Center

ACADEMIC AFFAIRS

Training Center

External Trainees Application Form

POLTRC-02Attach.AR0

SECTION I. APPLICANT INFORMATION

| First Name | Middle Name | | Family Name | | | |
|---|----------------------------------|-------------------------------|-----------------------------------|---------------------------------|-----------------------------------|--------------------------|
| Gender: | | <input type="checkbox"/> Male | | <input type="checkbox"/> Female | | |
| Phone Number | Country code | | Phone | | | |
| Email Address | | | | | | |
| Address | Street | Area | City | Country | | |
| Nationality | | | | | | |
| Current Status | <input type="checkbox"/> Student | | <input type="checkbox"/> Graduate | | <input type="checkbox"/> Employed | |
| Educational Background: (please list your two most recent degrees and make sure the full detailed CV is attached to your application form) | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| Language | Written | | | Spoken | | |
| | Excellent | Good | Weak | Excellent | Good | Weak |
| English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have Medical Insurance:

Yes No

IMPORTANT: Please note that KHCC is not responsible for any accidents or injuries incurred during the training period at KHCC. KHCC does not provide any trainees with medical insurance. It is the responsibility of the trainee to have medical insurance coverage during their training period.

SECTION II. REQUESTED TRAINING

| | |
|----------------------|--|
| Department | |
| Duration of Training | |



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Requested start date of training (please provide two options of start dates in case your first option cannot be accommodated by the concerned department)

| | |
|----------|--|
| Option 1 | |
| Option 2 | |

Training objectives:

Please highlight three main objectives of the requested training and attach a document with detailed objectives.

| |
|----|
| 1. |
| 2. |
| 3. |

SECTION III. LOGISTICS NEEDED FOR REQUESTED TRAINING

Not needed

| | | |
|--|-----|----|
| Do you require assistance with accommodation: | Yes | No |
|--|-----|----|

| | | |
|---|-----|----|
| Do you require assistance with airport transportation: | | |
| Pick up: | Yes | No |
| Drop off: | Yes | No |



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SECTION IV. REQUIRED DOCUMENTS

- CV / Personal photo
- Formal Letter from Institution (*This formal letter from your institution should be hand signed and on letter head clarifying the support of your training either from your employer or academic institution*)
- Medical Test results (*The list of tests required are attached to this application form, results must be provided immediately after the confirmation and approval of the requested training from the department*)
- Detailed objectives of training
- For non-Jordanians, please provide a copy of your passport

Note:

Please send the completed application form and corresponding attachments using one of the following methods:

- Fax: +962-6-5300460/2343
- By hand: Training Center, King Hussein Cancer Center, 23 east Building, first floor

For any further information, please contact us at rabd-ellelah@khcc.jo, afawaz@khcc.jo or +962-6-5300460 ext. 2230, 2348

| | |
|--------------------------------|--|
| Signature of Applicant: | |
| Date: | |

| | |
|-------------------------------------|--|
| For Training Center use only | |
| Date application form received: | |