**CLINICAL ATTACHMENT /OBSERVER APPLICATION FORM**

* For Medical Students (in their final 3 years),
* Medical Interns and Medical Graduates (recent graduate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant**(as it appears on the passport) |  | **Nationality** |  |
| **Applicant’s Qatar ID Number:** |  **F M**  | **Age** |  |
| **Applicant’s Mobile Number:** |  | **Applicant’s Email:** |  |
| **Sponsor’s Name:** |  |
| **Sponsor’s Qatar ID Number:** |  | **Sponsor’s Mob. No.** |  |
| **Current Home Address in Qatar:** |  |

|  |  |
| --- | --- |
| **Name of Medical School/College:** |  |
| **Current Educational Level:** |  **Medical Student (Level \_\_\_\_\_) Medical Graduate**  |
| **Year Completed:** (if graduate) |  | **Internship Facility:** |  |

**Important Note**: *You are permitted to do clinical attachment/ observer rotation for maximum of (2) weeks in one specialty, within the academic year. Rotations are allowed in the periphery facilities (including Al Wakrah Hospital, Al Khor Hospital and the Health Centers thru the PHCC). Rotations are as per department availability*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Department / Section** | **Hospital / Facility** | **Start Date***(DD/ MM/ YYYY)* | **End Date***(DD/ MM/ YYYY)* |
|  |  |  |  |  |
|  |  |  |  |  |
| I have read and understood the HMC Clinical Attachment policy and guidelines and I will commit myself to the follow all the HMC Rules and Regulations including Privacy, Patient Rights, Confidentiality and Patient Safety. |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant** |  | **Applicant’s Signature / Date** |  |
|  **MEDICAL EDUCATION USE ONLY**  |

|  |  |
| --- | --- |
| Documents Submitted to Medical Education have been checked and reviewed for Eligibility into the Clinical Attachment/ Observer ProgramComments: |  ELIGIBLE NOT ELIGILIBLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Associate Director, Medical Education |

**Clinical Attachment / Observer Application Requirements:**

|  |  |
| --- | --- |
| **Medical Student (Final 3 years ONLY- Clinical Year)** | **Medical Graduates (recent graduate/s)** |
| * Proof of Enrolment into the Medical School (Copy of Student ID, Transcript, Enrolment Letter)
* Copy of Valid QID / Passport
* Copy of Sponsor’s QID
* (1) Photo – Passport Size
* Signed Sponsor’s declaration letter

 (3rd page) | * Curriculum Vitae
* Copy of Medical Degree Certificate
* Copy of Valid QID / Passport
* Copy of Sponsor’s QID
* (1) Photo – Passport Size
* Signed Sponsor’s declaration letter

 (3rd page) |

* Fill out the **Clinical Attachment/ Observer Application Form** and send together with the required documents to **clinicalattachment@hamad.qa**
* Your Application will be reviewed and we will get back to you **within three (3) weeks of placing the application**. Please make sure you send your applications three weeks prior to your desired date.
* Please **DO NOT make travel and/or any other arrangements** prior to getting rotation confirmation.
* You will need to receive a **Clinical Attachment Confirmation Letter** that confirms your clinical attachment slot. You will be notified whenever your requested department is not available and whether your application is not approved or deferred to a later date.

**SPONSOR’S DECLARATION LETTER**

 I am writing to attest that I, herein undersigned, being the legal guardian and sponsor of the applicant am responsible for the Transportation, Accommodation, Travel Insurance, Health Insurance and all other expenses that may arise during the approved period of the applicant’s Clinical Attachment/ Observer rotation/s at Hamad Medical Corporation.

 I attest that I am personally responsible and liable for the safety and well-being of the candidate during the course of his/her stay in the State of Qatar.

 In agreement and in witness whereof, I affix my name and signature.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature of Sponsor / Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dr. Abdullatif Al Khal

 Director, Medical Education