**Application for Changhua Christian Hospital Internship Training Program**

* **Instructions**

Please complete this form in English and typewriting. Each question must be answered clearly and completely. If necessary, additional pages of the same size may be attached.

* **Required Documents**

1. The completed application form
2. An official letter from school
3. The certificate of enrollment
4. Proof of insurance(medical expense insurance & personal accident insurance)
5. A recommendation letter from your academic supervisor.
6. The scan of your passport (or Republic of China Citizenship ID Card)
7. The scan of your ID photo (your facial features must be visible)
8. The scan of health examination report, including the Hepatitis B surface antigen (HBsAg), Hepatitis B surface antibody (Anti-HBs) and Chest X-ray examination result within a year.

**\*Documents (including the related certificate) issued outside of Taiwan must be translated into Chinese or English, and certified by the ROC Embassy, Consulate, or Trade Office abroad.**

* **Application Acceptance Date**

All the documents have to be submitted to CCH Internship Center (e-mail:167696@cch.org.tw) at least 60 days before the expected start date of your training.

* **Internship Training Fee**

Please pay the internship fee right after you check-in.

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| --- | --- | --- |
| **□** | Students applying for all Medical Departments (Department of Medicine, Department of Dentistry and Department of Chinese Medicine) | $5000 NTD/week |

※CCH keeps the right to adjust the internship fee

* **Pre-training Courses**

Please finish reading the content of the pre-training courses for internship before you check-in. The files of the pre-training courses will be e-mailed to you after your application is accepted.

**1. Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Surname | Middle (other) Name | | | Given Name | Your photo  (your facial features must be visible) |
| Date of Birth | / /  ( D D / M M / YYYY) | | Gender | □Male □Female | |
| Nationality |  | | Religion |  | |
| Passport No |  | | Marital Status | □Married □Single  □Other:\_\_\_\_\_\_\_\_ | |
| Phone No. |  | | E-mail |  | | |
| Address | (Full address, including post code, city, province and country) | | | | | |
| Chronic Disease | □NO □YES, please specify | | | | | |
| Dietary Preferences | □Vegetarian □Non-vegetarian □Others, please specify | | | | | |
| Emergency Contact Person | Name： Relationship：  Address：  Tel： E-mail： | | | | | |

**\* Please make sure your email is valid, we will contact you and discuss the following detail via email.**

**2. Education and Training** *Note：Highest Diploma Only*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| College or University | | | | | | Academic Major Subject | | | | | | | | | | Graduated/Current Year of Study | | | | | | |
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| **Other Relevant Training** | | | | | | | | | | | | | | | | | | | | | | |
| Training Program | | | Organization/  Institution | | | From  (Month/Year) | | | | | To  (Month/Year) | | | | Course Title | | | | | Certification Obtained Year | | |
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| Have you participated/cooperated any medical training/service which was held by Taiwan organization?  □NO □Yes, please describe the training/conference: | | | | | | | | | | | | | | | | | | | | | | |
| **Language Proficiency** | | | | | | | | | | | | | | | | | | | | | | |
| Official language in your country: | | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | 2. | |  | | | | | 3. | | |  | | | | | |
| LANGUAGE | | LISTEN | | | | | | READ | | | | WRITE | | | | | | | SPEAK | | | |
| Excellent | | Good | Poor | | | Excellent | | Good | Poor | Excellent | Good | | | | | Poor | Excellent | | Good | Poor |
|  | |  | |  |  | | |  | |  |  |  |  | | | | |  |  | |  |  |
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**3. Training Expectation**

**Department of Training** (Please choose one major department.)

|  |  |  |
| --- | --- | --- |
| Medical Department | □ Internal Medicine Department  □ Pediatrics Department  □ Surgery Department  □ Psychiatry Department | □ Ophthalmology Department  □ Obstetrics and Gynecology Department  □ Others： |
| Other Medical Associated  Department | □ Laboratory Medicine Department  □ Pathology Department  □ Bio-Engineering Department  □ Others (please specify)： | |

**Expected Duration (CCH may adjust the duration according to the annual plan)**

|  |  |
| --- | --- |
| Start date (dd/mm/yy) | End date (dd/mm/yy) |

\*The expected duration should not exceed **2 months**.

**Reasons for Applying**

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Please explain or introduce your background and the reasons you apply this program. | | | | | | |
|  | | | | | | |
| 1. Please list the major constraints in your work, and what you expected to learn that might be helpful to it. | | | | | | |
|  | | | | | | |
| 1. List the achievable achievement for you in this training | | | | | | |
|  | | | | | | |
| ***Declaration by Candidate***  **1.** I hereby declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the program, even when it is in progress.  **2.** I declare that I am not suffering from any serious disease and that I am not hindered in the performance of my duties by any illness or disability:  **3.** I hereby undertake to abide by the laws of the Republic of China during my stay in Taiwan and undertake to do the following:  3.1 Fulfill due performance as required in attendance.  3.2 Not seek employment or engage in any political activities.  3.3 Bear any additional expenses or risks incurred as a result of any changes initiated by myself.  3.4 Not bring with me any family member or friends.  **4.** I fully agree that the Changhua Christian Hospital has the right to terminate the eligibility of my training if, during my stay in the R.O.C.; my behavior causes serious difficulties for the management of the hospital or the training institution.  **5.** I understand that during my stay in the ROC, only those matters related to the training program will be settled in accordance with the Changhua Christian Hospital’s rules and regulations, and that the Changhua Christian Hospital decision will be final and will be implemented accordingly. Cases irrelevant to the training program shall be otherwise of my own responsibilities and at my own cost.  **6.** I will hand in all the original file of the photos taken during the training program, and will agree that Changhua Christian Hospital have every right to use these photos, weekly report and final report as well, including but not limited in editing, transformation, publication and dissemination etc.. | | | | | |
| *Date* |  | *Name* |  | *Signature* |  |