APPLICATION FORM

Name: _____

Specialist Dental Training Program

REGION
VÄSTRA GÖTALAND
SAHLGRENSKA UNIVERSITY HOSPITAL

RECENT PHOTOGRAPH

LAST NAME: _____

FIRST NAME: _____

SPECIFY SPECIALTY: _____

DATE OF BIRTH: *(year)* _____ *(month)* _____ *(day)* _____

CITIZENSHIP: _____

GENDER: MARRIED SINGLE

NUMBER OF CHILDREN: _____ AGE OF CHILDREN: _____

ADRESS: *(Street/Box)* _____

(Zip code/City) _____

(Country) _____

(Phone) _____ *(Mobile)* _____

(E-mail) _____

LANGUAGES SPOKEN:	*Language*	*Native*	*Fluent*	*Fair*	*Poor*
	_____	☐	☐	☐	☐
	_____	☐	☐	☐	☐
	_____	☐	☐	☐	☐

ENGLISH LANGUAGE TEST:

Type of test: _____

Date: _____ *Score:* _____

How will you finance your participation in the program? _____

_____

If additional space is needed, continue on a separate sheet of paper.

IN THE SPACE BELOW, LIST ALL COLLEGES, UNIVERSITIES OR PROFESSIONAL SCHOOLS ATTENDED IN CHRONOLOGICAL ORDER. AN OFFICIAL TRANSCRIPT FROM EACH COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL IS REQUIRED.

FROM		TO		NAME OF SCHOOL	CITY/COUNTRY	DEGREE/DIPLOMA
YEAR	MONTH	YEAR	MONTH			
YEAR	MONTH	YEAR	MONTH	INTERNSHIP	CLINIC	DEPARTMENT

LIST BELOW CONTINUING EDUCATION COURSES COMPLETED (NON-DEGREE COURSES).

PUBLICATIONS/RESEARCH. IF APPLICABLE, LIST TITLES OF ARTICLES OR OTHER PUBLICATIONS OF RESEARCH, INVENTIONS OR OTHER CREATIVE WORK YOU HAVE DONE.

LIST EMPLOYMENT AS WELL AS PRIVATE PRACTICE (HRS/WEEK) SINCE DENTAL SCHOOL GRADUATION IF APPLICABLE. AT LEAST TWO YEARS OF FULL-TIME CLINICAL EXPERIENCE AFTER REGISTRATION AS A DENTIST IS REQUIRED.

FROM		TO		HOURS/ WEEK	EMPLOYER/CLINIC	JOB DUTIES - SPECIFY TYPE OF CARE *(adults/ children and main type of treatment)*
YEAR	MONTH	YEAR	MONTH			

If additional space is needed, continue on a separate sheet of paper.

PROCESSING OF PERSONAL DATA

Sahlgrenska International Care processes personal data in accordance with EU regulation 2016/679 of the European Parliament and of the Council. This regulation is referred to as the General Data Protection Regulation (GDPR).

We process personal data to fulfill our assignment as an education provider. The data will be handled by employees within Sahlgrenska International Care and by the employees within Region Västra Götaland involved in the specialist training programme. Personal information may be disclosed to external recipients to facilitate your application, admission and education process.

We only store your personal data for as long as is necessary for the purpose of the processing, or as long as is required by law.

You can contact info@sahlgrenskaic.com to receive more information about what data we store about you or to ask for data to be erased, transferred, limited or corrected.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT.

DATE:

SIGNATURE OF APPLICANT:

DOCUMENTS REQUIRED TO COMPLETE THE APPLICATION:

1. *Certified copies of graduation certificate, internship certificate and university transcript. Do not send originals. An authorized translation into English must be enclosed if the documents are issued in any other language.*
2. *CV.*
3. *A statement of purpose – a letter from the applicant stating clinical and research interest, ambitions, desires and professional goals.*
4. *A certified copy of your licence to practice dentistry.*
5. *Certificate(s) from your employer verifying at least two years of documented clinical training.*
6. *A Certificate of Good Standing (not older than three months) issued by the relevant authority in the country/countries where you hold a dental licence.*
7. *A minimum of 3 letters of recommendation from scientific or clinical dental institutions.*
8. *Financial guarantee.*
9. *TOEFL or IELTS certificate (or equivalent).*
10. *One photograph.*
11. *An application fee of SEK 500 must be paid to our account (please include receipt):*

BIC: SWEDSESS
IBAN: SE02 8000 0810 5969 4565 6145
Beneficiary name: Sahlgrenska International Care
Bank name and address: Swedbank AB, 404 80 Göteborg, Sweden

For payment within Sweden, pay SEK 500 to bankgiro 737-5918.

PLEASE SEND COMPLETED AND SIGNED FORM TOGETHER WITH REQUIRED DOCUMENTS TO:

Sahlgrenska University Hospital
Sahlgrenska International Care
405 83 Gothenburg, Sweden