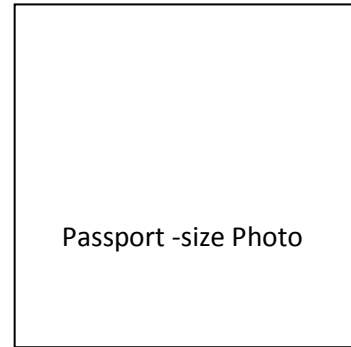


**DEPARTMENT OF ANAESTHESIA AND INTENSIVE CARE,**

**HEART CENTER LEIPZIG**



APPLICATION FORM

Personal background

Name

Date Of birth

Current postal address

Preferred telephone number

Email address

Citizenship

German language skills    Nil       Poor       Good       Very good

Please attach a language certificate if applicable

Education and training

Present professional occupation

Medical school

Location \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree

Speciality/Residency

Location \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree

Location \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree

Location \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree

Superspeciality/Fellowship

Location \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree

Location \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Degree

Honors/Awards

Personal statement (Please submit a-one page statement)

References (including one from your current Chairperson/program director)

1)
2)
3)

Signature of Applicant

Date/Place

Please return this application with a short CV and letters of reference to:

Anna Flo Forner [anna.floforner@helios-klinken.de](mailto:anna.floforner@helios-klinken.de)

Rajni Singh [rajni.singh@helios-klinken.de](mailto:rajni.singh@helios-klinken.de)

Co Programme Directors,

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