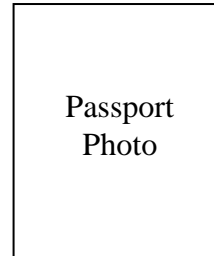


Department of Anaesthesia and Intensive Care  
Heartcenter Leipzig

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 language certificate if applicable.

**Education and training**

Present professional occupation  
Medical school

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

Subspecialty / Fellowship

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

**Honors / Awards**

**Personal Statement** (please submit a one page statement)

**References** (including one form your current Chairperson / Program director)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature of Applicant / Date / Place

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Please return this application with a short CV and letters of reference to:  
Anna Flo Forner [anna.floforner@helios-gesundheit.de](mailto:anna.floforner@helios-gesundheit.de)  
Rajni Singh [Rajni.singh@helios-gesundheit.de](mailto:Rajni.singh@helios-gesundheit.de)

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