



مستشفيات القوات المسلحة بمنطقة الطائف



APPLICATION INFORMATION SHEET (Attachment to the PQD)

PART I

A. PERSONAL INFORMATION (Please print or write legibly) (المعلومات الشخصية للمتقدم (نامل الكتابة بوضوح)

أسم المتقدم FULL NAME:										
	(First Name) الأول	(Father's Name) الأب	(Grandfather's Name) الجد	(Family Name) العائلة						
أسم الوظيفة المتقدم لها JOB APPLYING										
تاريخ الميلاد Date of Birth:	Place of Birth: مكان الميلاد		Nationality: الحسية							
	Day Mo. Year اليوم الشهر السنة									
Current Residential Address: العنوان الحالي Street: City: المدينة Country: الدولة Postal Code: الرمز البريدي										
Marital Status: [] Single [] Married [] Divorced [] متزوج [] أعزب [] مطلق Number of Children: عدد الأولاد Religion: الديانة Sex: [] Male [] Female أنثى [] ذكر Tel. No.: رقم الهاتف Mobile No.: رقم الهاتف الجوال Fax.: □□□□ E-mail: البريد الإلكتروني										
Wife/Husband Details, if Married: (إذا متزوج) معلومات عن الزوجة										
<table border="1"><thead><tr><th>NAME الاسم</th><th>PLACE OF WORK مكان العمل</th><th>NATIONALITY الحسية</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>					NAME الاسم	PLACE OF WORK مكان العمل	NATIONALITY الحسية			
NAME الاسم	PLACE OF WORK مكان العمل	NATIONALITY الحسية								
Parent's Name(s) أسماء الوالدين										
FATHER: الأب (First Name) الاسم (Father's Name) الأب (Grandfather's Name) الجد (Family Name) العائلة										
MOTHER: الأم (First Name) الاسم (Father's Name) الأب (Grandfather's Name) الجد (Family Name) العائلة										
Passport Detail معلومات جواز السفر										
Passport No. : رقم الجواز										
Place of Issue : مكان الإصدار										
Issued On : تاريخ الإصدار Valid Until: صلاحية الجواز										
Identification Card Details: البطاقة الشخصية										
ID/Iqama No.: Valid Until: صالح تاريخ الإصدار Issued on: البطاقة الشخصية / الإقامة بغاية.....										
Place Issued: مكان الإصدار										
Professional License: التصنيف/التسجيل المهني										
License No. : رقم الرخصة Valid Until: صلاحية الرخصة Place Issued: مكان الإصدار										

APPLICANT SIGNATURE: _____ توقيع المتقدم

أسماء الدول التي قام بزيارتها المتقدم , بداية بالأحدث) PART I, Cont'

B. COUNTRIES VISITED YOU HAVE VISITED (Start from recent year downwards)

No.	Date(s) التاريخ	Country الدولة	Address / العنوان	Purpose الغرض
1	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
2	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
3	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
4	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
5	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
6	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
7	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
8	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
9	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
10	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
11	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	
12	من:From إلى:To		العنوان:Address تلفون ارضي Phone# جوال Mobile	

APPLICANT SIGNATURE: _____ توقيع المتقدم

PART II

A. EDUCATIONAL QUALIFICATION(S): (Start from recent year & downwards)

المؤهلات العلمية (أبداءة الأحدث)

Attendance Year تاريخ الالتحاق	Date Graduated تاريخ التخرج	Country الدولة	Certificate الشهادة	Issued by الجهة التي أصدرت الشهادة	Specialty التخصص
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

REQUIREMENT: Original certificate (bachelor, diploma, Masters. Doctorate. And board) and authenticated from the Saudi Embassy or Cultural Attached in place of issue with clear copies from Both sides of the certificate (Roman, Russian, German, French and Countries independent from the Soviet Union should be Translated into Arabic or English language and authenticated from The Saudi Embassy or Cultural Attached in the place of issue with Clear copies from both sides of the certificates.

المتطلبات: الشهادات :

- الشهادات الأصلية (البكالوريوس, دبلوم, ماجستير, دكتوراه واز ماله) جميع هذه الشهادات يجب المصادقة عليها من قبل الملحق الثقافي السعودي في البلد التي صدرت الشهادة منها.
- الشهادات الصادرة من كل من (رومانيا, روسيا, ألمانيا, فرنسا ودول السوفيت السابقة) يجب ترجمه هذه الشهادات إلى اللغة الإنجليزية مع تصديق الملحق الثقافي السعودي في البلد التي صدرت الشهادة منها.

APPLICANT SIGNATURE: _____ توقيع المتقدم

PART II, Cont'd

C.

EXPERIENCE(S) AFTER ATTAINMENT OF CERTIFICATE (s) – (Start from recent year & downwards)

الخبرات العملية: منذ الحصول على المؤهل (ببداية بالأحدث)

No. الرقم	Job Title مسمى الوظيفة	Specialty التخصص	From: من Day/Mo./Yr يوم/شهر/السنة	To إلى : Day/Mo./Yr يوم/شهر/السنة	Hospital/Employer Name and (Indicate City, State, Country) مكان العمل المدينة, الدولة
2					
3					
4					
5					
6					
7					
8					
9					
10					

LEGEND: F/T = Full Time دائم P/T = Part-time وقت مستقطع

REQUIREMENTS: Original & complete experience from date of graduation authenticated from the Saudi Embassy or Cultural Attached in the place of issue with a clear copy from both sides. Foreign certifications (Roman, Russian, German, French and Other countries independent from the Soviet Union) must be Translated into Arabic or English language and authenticated from The Saudi Embassy or Cultural Attached in the place of issue with Clear copies from both sides of the certificate.

المتطلبات: جميع شهادات الخبرة العملية يجب تصديقها من قبل الملحق الثقافي السعودي في بلد المنشأ

APPLICANT SIGNATURE: _____ توقيع المتقدم

TRAINING EXPERIENCE(S) BEFORE ATTAINMENT OF CERTIFICATE(S) – (Start from recent year & downwards)

التدريب: قبل الحصول على المؤهل

No.	Training Post Title اسم البرنامج التدريبي	Specialty التخصص	From من Day / Mo. / Yr. يوم/شهر/ سنة	To إلى Day / Mo./ Yr يوم/شهر/سنة	Hospital/employer Name & Address(Include City, State, Country) مكان التدريب (المدينة, الدولة)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

LEGEND: F/T= Full Time P/T= Part time

REQUIREMENT: Original internship certificate and other Specialty training authenticated from the Saudi Embassy or Cultural Attaché in the place of issue with a clear copy from both sides. Foreign Certificates (Roman, Russian, Germanic, French and countries independent from the soviet Union must Be translated into Arabic or English language and authenticated From the Saudi Embassy or Cultural Attaché in the place of issue With clear copies from both sides of the certificate.

المتطلبات: الشهادات لأصلية للامتياز والتخصصات الأخرى. جميع الشهادات يجب تصديقها من الملحق الثقافي السعودي في البلد التي أصدرت الشهادة

APPLICANT SIGNATURE: _____ توقيع المتقدم

PART II, Cont'd

C. LIST THE MOST RECENT SCIENTIFIC ACTIVITIES ATTENDED (i.e. Courses, Symposia, etc)

اذكر احداث الدورات التي حضرتها (ندوات, مؤتمرات علميه)

No. الرقم	ACTIVITY TITLE عنوان الحدث	DATE التاريخ	DURATION المدة	PLACE المكان	TYPE OF PARTICIPATION نوع المشاركة
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

REQUIREMENT: Original certificates/certifications authenticated From the Saudi Embassy or Cultural Attaché from the place of issue with a clear copy from both sides. Foreign certificates (Roman. Russian, German, French and other countries independent of the Soviet Union) must be translated into Arabic or English Language and Authenticated from the Saudi Embassy or Cultural Attaché inf the place Issue with clear copies from both sides of the certificate.

المتطلبات: الشهادات لأصليه للامتياز والتخصصات الأخرى. جميع الشهادات يجب تصديقها من الملحق الثقافي السعودي في البلد التي أصدرت الشهادة

APPLICANT SIGNATURE: _____ توقيع المتقدم

LIST REFERENCES / REFEREE(S)

انكر المزكين من المسنولين الذين عملت معهم

No. الرقم	NAME الاسم	TITLE مسمى الوظيفة	ADDRESS العنوان	Tel. No./Mobile رقم التلفون الأرضي/الجوال
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

I hereby certify that all the information provided in this Information Sheet is correct to the best of my Knowledge and I bear the responsibility for any Incorrect or inappropriate information given.

بهذا اقر بان جميع المعلومات المقدمة بهذا الطلب صحيحة واني مسئول مسؤولية مطلقه اذا تبين ان المعلومات غير صحيحة

APPLICANT SIGNATURE: _____ المتقدم

QUESTIONNAIRE MEDICAL

إستبيان طبي

Applicants should read the following carefully

على المتقدمين قراءة ما يلي بعناية

The questionnaire below should be completed as fully as possible. All questions must be answered
The information will be treated in strictest confidence.

Warning: In completing the questionnaire, you are responsible for the accuracy of your statement. If information is withheld, suppressed, deliberately misleading or false, you may be liable, if employed, to be dismissed.

NAME : _____ الاسم HEIGHT : _____ الطول WEIGHT: _____ الوزن DATE OF Birth _____ تاريخ الميلاد:

Please complete the following:		YES	NO
1*	Do you presently suffer from any illness that requires doctors, hospital or clinics visits?		
2*	Are you currently taking any medications, on a special diet, or physical therapy?		
3*	Have you been hospitalized or had a surgical operation within the last five years?		
4*	Do you have any allergies?		
5*	Have you ever been refused Life Insurance?		
6*	Have you ever received disability payments or been discharged due to ill health?		
7*	Have you had any of the following conditions?		
	➤ Hepatitis		
	➤ Cancer		
	➤ Heart or circulatory problem including High Blood Pressure		
	➤ Lung problems including TB		
	➤ Psychiatric problems		
	➤ Neurological problems including migraine or epilepsy		
	➤ Gastrointestinal problems including ulcers, rectal bleeding		
	➤ Diabetes or thyroid problems		
	➤ Urinary problems		
	➤ Gynecological problems (female)		
	➤ Arthritis, limb or joint problems		
	➤ Skin problems		
8*	Have you had TB skin testing?		
9*	Have you been immunized against Hepatitis B?		
10*	Is your sight in each eye good enough for all usual activities?		
	➤ Do you wear glasses or contact lenses?		
11*	Is your hearing in each ear good enough for all normal activities?		
12*	Do you smoke? If so, how many per day?		
13*	What was the date of your last medical examination?		
14*	What was the date of your last Chest X-ray?		
15*	How many sick days leave have you had in the past three years?		

*: If you have answered yes to any of the above please give a detailed explanation in this section. Use reverse side if necessary.

REMARKS:

I declare that to the best of my knowledge all the foregoing is correct.

I fully understand that a health interview or examination may be required

Date:

التوقيع Signature:

التوقيع

I agree understand if required, a medical report may be obtained from my doctor

Or a specialist.

I understand that the report will be treated in confidence.

Date:

التوقيع Signature:

التوقيع

QUESTIONNAIRE MEDICAL

إستبيان طبي

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Date: _____ التاريخ Signature: _____ التوقيع

I agree understand if required, a medical report may be obtained from my doctor
Or a specialist.

I understand that the report will be treated in confidence.

Date: _____ التاريخ Signature: _____ التوقيع

QUESTIONNAIRE for MEDICAL STAFF ONLY

PLEASE ANSWER THE FOLLOWING DECLARATIONS:

اجب على الاستبيان التالي

هل سبق أن تقدمت للتسجيل لدى الهيئة السعودية للتخصصات الصحية

- a. Have you applied to the Saudi Council for Health Specialties for professional Accreditation and/or registration? If **YES**, indicate the number of Registration / Accreditation below:

YES لا NO نعم

Registration No. _____

رقم التسجيل

Accreditation No. _____

رقم التصنيف

If **NO**, Indicate the reason(s) why: _____ انكر السبب إذا لم يتم التسجيل أو التصنيف

- b. Have you ever applied anywhere for a Professional license, certificate of Registration or permit to practice and Such application rejected? YES NO
- c. Have you ever had your professional license, Certificate of registration or permit to Practice suspended, restricted or revoked? YES NO
- d. Have you ever had voluntarily surrendered Your professional license, certificate of Registration or permit to practice for any Reason other than avoidance of the renewal Fees? YES NO
- e. Have you ever abused, been addicted to, or Been treated for abuse of or addiction to Alcohol or controlled substances? YES NO
- f. Have you ever, during the pendency of an Investigation or disciplinary proceeding, Voluntarily restricted your professional License, certificate of registration or permit To practice? YES NO
- g. Have ever been found guilty of professional Misconduct or found to be incompetent Or incapacitated? YES NO
- h. Have you ever agreed to a settlement to Avoid any proceeding or disciplinary action In respect of your professional conduct, Competence or capacity? YES NO

- | | | |
|--|-----|----|
| i. Have you ever been in the past or now Subject to any investigation or proceeding In respect of your professional conduct, Competence or capacity? | YES | NO |
| j. Have you ever been convicted of an offence (not including traffic violation), or are there Any criminal charges pending against you? | YES | NO |
| k. Has a court ever made a finding against you Related to your professional practice? | YES | NO |
| l. Is there any current proceeding arising from Your professional practice? | YES | NO |
| m. Have you ever been denied privileges in a Hospital or health facility? | YES | NO |
| n. Have you ever resigned from a hospital or Health facility to avoid disciplinary action? | YES | NO |
| o. Have you ever had your privileges Suspended, deuced or changed for any Cause by a hospital or other health facility? | YES | NO |
| p. Has your name ever been placed on a list Restricting your purchasing or prescribing of narcotic restricted drugs? | YES | NO |
| q. Have you ever withdrawn, been suspended, or been expelled from any health professional school or faculty, or pos-graduate training program? | YES | NO |
| r. Have you ever discontinued the practice of Health professional for any reason for one Year or more? | YES | NO |
| s. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding question in respect of your Character, conduct, competence or Capacity that might be an impediment to Your application for a certificate of Registration to practice health profession In the Kingdom of Saudi Arabia? | YES | NO |

APPLICANT SIGNATURE: _____ توقيع المتقدم