**附件：**

**专科医生国际研修项目报名表**

**\*请同时用中英文填写此表，同一行内中文在上，英文在下；**

**报名表发送至项目电子邮箱：guojiyanxiu@weirenjob.com**

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| **基本信息**  **Basic Information** | | | | | | | | | | | |
| **姓 名**  **Name** |  | **性 别**  **Gender** |  | | | **出生日期**  **DoB** | |  | | **一寸照片**  **Photo** |
| **所在医院Hospital** |  | **所在科室Dept.** |  | | | **联系电话**  **Tele NO.** | |  | |
| **传 真**  **Fax** |  | **电子邮件E-mail** |  | | | **微 信**  **Wechat** | |  | |
| **职 务**  **Position** |  | **职 称**  **Title** |  | | | **拟研修国家（请最多勾选2个）** | | **1.美国；2.英国；3.德国；**  **4.意大利；5.欧洲其他；6.亚洲；** | | |
| **专业方向Specialty** |  | | | **学习意向Intention** | | |  | | | |
| **英语水平**  **English Level** | **（请列出托福、雅思、大学四六级、PET等考试成绩及获得年度）** | | | **其它外语水平**  **Foreign**  **Languages** | | | **（请列出语言水平测验名称、结果及考试年度）** | | | |
| **身份证号码**  **ID NO.** |  | | | **家庭住址**  **Address** | | |  | | | |
| **护照号**  **Passport NO.** |  | | | **有效期**  **Expiry Date** | | |  | | | |
| **报名项目类型**  **（请勾选1个）** | **1.临床观摩项目（3个月）**  **2.高级访问学者项目（12个月）** | | | **拟开始进修时间**  **Expected Start Date** | | |  | | | | |
| **教育经历（时间由近及远）**  **Education Background** | | | | | | | | | | | |
| **时间**  **Duration（MM/YY- MM/YY）** | | **学校**  **Institution** | | | **专业**  **Major** | | | | **所获学位**  **Degree** | | |
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| **工作经历（时间由近及远）**  **Work Experience** | | | | | | | | | | | |
| **时间**  **Duration（MM/YY- MM/YY）** | | **工作单位**  **Hospital** | | | **科室**  **Department** | | | | **职位**  **Position** | | |
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| **海外学习/工作经历（时间由近及远）**  **Overseas Experience** | | | | | | | | | | | |
| **时间**  **Duration（DD/MM/YY）** | | **机构**  **Institute** | | | **专业**  **Major** | | | | **所获证书**  **Certificate** | | |
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| **专业团体（如中华医学会）**  **Membership of Professional Organizations** | | | | | | | | | | | |
| **1.**  **2.**  **3.** | | | | | | | | | | | |
| **您所掌握的临床和研究技能**  **Working skills in clinic work and clinical & basic research skills** | | | | | | | | | | | |
| **1**  **2. 报名3个月临床观摩项目者不要求研究技能**  **3.** | | | | | | | | | | | |
| **发表文章（无论第几作者均请罗列） （请中英文注明作者名，文章名，杂志名，期号，页码）**  **Publications** | | | | | | | | | | | |
| **1.**  **2.**  **3.** | | | | | | | | | | | |
| **科研项目**  **（请中英文注明起止时间、项目名、经费来源或批准立项单位、项目级别、参与还是负责人、课题编号）**  **Research Projects** | | | | | | | | | | | |
| **1.**  **2.**  **3.** | | | | | | | | | | | |
| **您期望在海外临床见习时能看到和学习什么？或科研访学期间的研究兴趣及方向？**  **What are you expecting during the time of the International Clinical Attachment?**  **Or what is your research interest during the visiting scholarship?** | | | | | | | | | | | |
| **1.**  **2.**  **3.** | | | | | | | | | | | |
| **自我介绍**  **Self-Introduction** | | | | | | | | | | | |
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| **单位意见（同意并加盖公章）**  **Hospital Approval (Agreed and stamped with official seal)** | | | | | | | | | | | |
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