**附件2：**

**广东省护理学会赴海外临床护理研修项目申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** Name in Chinese | 姓名 | | **Name** 英文：名+姓 | | | | NAME | | | | Your  Recent  Photo  （必须提供） |
| **DOB**生日 | DD/MM/YYYY | | **Gender**性别 | | | | GENDER  性别 | | | |
| **ID 身份证号** | XXXXXXXXXXXXXXXXXX | | | | **Birthplace**  出生地 | | | | Birthplace  出生地 | |
| **Employer**  单位 | EMPLOYER NAME  单位名称 | | | | | | | | | |
| **Department**  科室 | EMPLOYER DEPARTMENT  就职科室 | | | | | | | | | |
| **Level of Hospital**  **医院级别** | LEVEL OF HOSPITAL  医院级别 | | **Last Degree**  最后学历\*\* | | | | HIGHEST DEGREE  最高学历 | | | |
| **Post**  行政职务 | POST  行政职务 | | **Job Title**  业务职称 | | | | TITLE  业务职称 | | | |
| **English Level** 英语水平\* | ENGLISH TEST  英语水平考试 | | | | | | | | | |
| **Post Address** 详细通信地址 | POST ADDRESS 详细通信地址 | | | | | | | Zip code  邮编 | | | ZIP CODE  邮编 |
| **Telephone**电话 | XXXXXXXXXXX | | **e-mail**邮件 | | | | @XXX.com | | | | |
| **The department you would like to attend**  拟进修科室 | | | | **DEPARTMENT**  **科室** | | | | | | | |
| Interested Subjects  3项拟进修的专业\*\*\* | | SUBJECT 1，专业1 | | | | Country or Region  拟去国家或地区 | | | | COUNTRY or REGION  国家或地区 | |
| SUBJECT 2，专业2 | | | | Passport No护照号 | | | | XXXXXXXXX | |
| SUBJECT 3, 专业3 | | | | Valid Date 有效期 | | | | DD/MM/YYYY | |
| **Education**（University Name, Time, Degree）  教育经历 | | | | | | | | | | | |
| **1. Undergraduate:**  MM/YYYY – MM/YYYY, DEGREE LEVEL & MAJOR, SCHOOL.  学校、学院、学位名称  **2. Graduate:**  MM/YYYY – MM/YYYY, DEGREE LEVEL & MAJOR, SCHOOL  学校、学院、学位名称  **3. Fellowship:**  MM/YYYY – MM/YYYY, DEPARTMENT & HOSPITAL  科室、医院 | | | | | | | | | | | |
| **Work Experience**(Employer’s names, time and job titles)  工作经验 | | | | | | | | | | | |
| * **MM/YYYY – MM/YYYY, POSITION**:   DEPARTMENT, HOSPITAL (Province)  科室，医院，职称   * **MM/YYYY – MM/YYYY, POSITION:**   DEPARTMENT, HOSPITAL (Province)  科室，医院，职称   * **MM/YYYY – MM/YYYY, POSITION:**   DEPARTMENT, HOSPITAL (Province)  科室，医院，职称 | | | | | | | | | | | |
| **Membership of Professional Organizations** (Name, Time, Title)  专业团体 | | | | | | | | | | | |
| * MM/YYYY – MM/YYYY, TYPE OF MEMBERSHIP, NAME OF THE ORGANIZATION.   专业团体名称，会员资质。 | | | | | | | | | | | |
| **The Special Work Skills You Have**?  您所掌握的临床和实验室技能 | | | | | | | | | | | |
| * SKILL 1.   技能1   * SKILL 2.   技能2   * SKILL 3   技能3 | | | | | | | | | | | |
| **\*\*\*Please describe your interested subjects**  请描述您感兴趣的课题方向 | | | | | | | | | | | |
| * INTEREST SUBJECT 1   课题方向1   * INTEREST SUBJECT 2   课题方向2   * INTEREST SUBJECT 3   课题方向3 | | | | | | | | | | | |
| **Publications**  发表文章（注明作者、发表时间及杂志名称） | | | | | | | | | | | |
| * PUBLICATION DETAIL   文章详情   * PUBLICATION DETAIL   文章详情   * PUBLICATION DETAIL   文章详情 | | | | | | | | | | | |
| **What are you expecting during the time of the International Clinical Attachment?**  您期望在海外临床见习时能看到和学习什么？ | | | | | | | | | | | |
| * STUDY OBJECTIVE 1   学习目的1   * STUDY OBJECTIVE 2   学习目的2   * STUDY OBJECTIVE 3   学习目的3 | | | | | | | | | | | |

\*\*\*英语水平特别是听说能力尤为重要，将决定进修学员能否与导师正常交流，学有所获。请列出您所参加的英语水平测验名称和结果。

\*\* 学位名称后应注明学科名：如内科学硕士（Master Degree in Clinical Medicine），外科学博士(Doctor Degree in Surgery)；或分子生物学学博士(PhD in Molecular Biology)，临床药理学硕士(Master Degree in Clinical Pharmacology)

\*\*\*进修科室将根据您列出的3个方向进行对口选择。请务必认真填写。如有进一步需要说明的问题请在最后一栏填写。