

## APPLICATION FORM FOR CLINICAL FELLOWSHIP PROGRAMS

1. Please, indicate which Clinical Fellowship Program you are applying for.

Check one box only.

☐ Nephrology

☐ Cardiology

2. Personal information

Photo	Last name		Last name (in Kazakh or Russian)*	
	First name		First name (in Kazakh or Russian)*	
	Middle name		Middle name (in Kazakh or Russian)*	

**Enter name exactly as it appears on official documents**

**\* For the citizens of the Republic of Kazakhstan and holders of permanent residence cards only**

Birth Date (yyyy-mm-dd)		<b>Telephone numbers</b>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home	
E-mail address		Cell	
Country of citizenship		<b>Permanent home address (officially registered)</b>	
Do you have any dual citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country	
If Yes, please indicate		Zip/Postal code	
Do you hold a permanent residence card of the Republic of Kazakhstan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/Province	
Permanent residence card number		City/town	
Date of issue		Please specify State/Province and City/Town	
Expiration date		Street	
Country of residence		House	
Country of birth		Apartment	

Ethnicity			
Current marital status		<b>Current mailing address (the address where you currently live)</b>	
ID	<input type="checkbox"/> ID	Country	
Number		Zip/Postal code	
Issued by		State/Province	
Date of issue		City/town	
Expiration date		Please specify State/Province and City/Town	
Passport	<input type="checkbox"/> Passport	Street	
Number		House	
Issued by		Apartment	
Date of issue		<b>Alternative contact</b>	
Expiration date		Name of next-to-kin	
Individual Identity Number (according to the national ID card)		Relationship	
		Other	
		Telephone	

### 3. Academic background

<b>Number of academic degrees, including completed and those in progress</b>			
Please kindly list your every undergraduate and graduate institution attended, or you are currently attending. All educational institutions attended must have transcripts. Your degree-granting undergraduate institution must be listed first.			
From		To	
Country		Region/City	
Degree		Institution	
Major		Cumulative GPA (_out of 4.00)	
Source of financing			
From		To	

Country		Region/City	
Degree		Institution	
Major		Cumulative GPA ( _ out of 4.00)	
Source of financing			
From		To	
Country		Region/City	
Degree		Institution	
Major		Cumulative GPA ( _ out of 4.00)	
Source of financing			
From		To	
Country		Region/City	
Degree		Institution	
Major		Cumulative GPA ( _ out of 4.00)	
Source of financing			
From		To	
Country		Region/City	
Degree		Institution	
Major		Cumulative GPA ( _ out of 4.00)	
Source of financing			

**Please list all voluntary clinical work or active work and their duration in hospitals or other healthcare environment (if any)**

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4. Testing information

I obtained university level degree in an educational institution (s) with English as the language of instruction (English language waiver)			<input type="checkbox"/> Yes <input type="checkbox"/> No
I have registered for IELTS/TOEFL	<input type="checkbox"/> Yes <input type="checkbox"/> No	exam will be taken on yyyy-mm-dd	and results will be available on yyyy-mm-dd

IELTS/TOEFL results uploaded by the applicant.								
CERTIFICATE TYPE ID	TOEFL type ID	Exam reg. number	Exam date	Listening score	Reading score	Writing score	Speaking score	Overall score
<input type="checkbox"/> IELTS  <input type="checkbox"/> TOEFL								

5. Honors

Please list any distinctions, honors and awards received that may be relevant to the application.

6. Professional (work) experience

Years ____      Months ____ <input type="checkbox"/> I am fresh graduate
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Please indicate below the last three professional and work experiences that you have had (including your present position). Proven work experience will be counted only!	
Organization name (current)	
Employment sector information	
Address (Street/City/Country)	
Position title	
Start date yyyy-mm-dd	
Key responsibilities:	
Organization name (previous)	
Employment sector information	
Address (Street/City/Country)	
Position title	
Start date yyyy-mm-dd	
Key responsibilities:	
Organization name (previous)	
Employment sector information	
Address (Street/City/Country)	
Position title	
Start date yyyy-mm-dd	
Key responsibilities:	

## 7. Signature

I certify that all statements made by me in this form are correct. I understand that I may be subjected to a range of possible disciplinary actions including dismissal from the program if information that I have certified here is proved to be false.

Signature

Date

**Consent  
for prospective fellow's personal data processing**

In order to comply with the law of the Republic of Kazakhstan “On Personal Data and Its Protection”, Prospective fellow gives his/her consent to: the School of Medicine of the autonomous organization of education “Nazarbayev University”, located at 5/3 Zhanibek and Kerei Khandar ave., Yessil district, Astana (hereinafter - “School”) to collect (including from third parties), process, use, store his/her personal data recorded in hard (and electronic format if applicable), and (or) other physical storage media, which may contain (including, but not limited to):

1. Information necessary for proper identification
  - Full name, first name and surname transcription;
  - Information about change of first name, surname and patronymic;
  - Birth data: place of birth, date of birth, ethnicity, sex;
  - Nationality data;
  - Information about alternative contacts (next-to-kin);
  - Identity Document details: document name, number, issue date, expiry date, issuing authority;
  - Individual Identification Number (IIN).
2. Education summary

Information about education, qualification and special knowledge or special training: enrollment date (dismissal date); series, number, issue date of diploma, certificate, graduation certificate or any other educational institution diploma; name and location of educational institution; faculty or department, qualification and major after graduation from educational institution; academic degree; academic title; foreign languages proficiency.
3. Contact details
  - Phone numbers: home phone number, cell phone number and additional contact number in case of emergency;
  - E-mail address;
  - Residence address, registration address.
4. Information about competitive selection process for the Program entrance purpose
  - Name of exams;
  - Date and place of exams;
  - Exams results.
5. Other data required to the School
  - Medical examination details;
  - Details of extracurricular activities, professional experience and career development.

Information provided will be used in accordance with the School's activity including but not limited to the following purposes:

- 1) recording and managing education, personal development and progress indicators;
- 2) recording and managing admission, admission/contest process data management;
- 3) verifying conformity and eligibility for the program including identity and background check;
- 4) managing and maintaining safe environment for prospective fellows;
- 5) exchanging information with the University's structural divisions and prospective fellows;
- 6) submitting statistical data, information materials for the School and University websites, publishing materials;
- 7) marketing objectives, reference in events, publications in the media, social networks, websites and printing materials;
- 8) for other purposes likely to be established by the laws of the Republic of Kazakhstan.

Consent of prospective fellow:

I hereby give my consent to the School to process and use my personal data for the purposes stated above.

I agree to my personal data being used within the functional operation of information portals and systems of the School and the autonomous organization of education Nazarbayev University.

I am aware of the video surveillance provided for security functions.

This Consent becomes effective on the date of application to participate in the selection process to the School's Clinical Fellowship programs. It shall remain in force indefinitely and may be withdrawn via a written notice.

I acknowledge that I have read, fully understand, and agree with the Consent for prospective fellow's personal data processing.

Applicant's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_