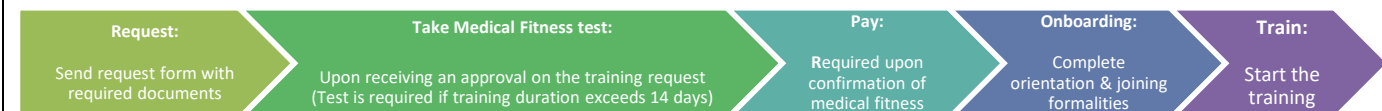


Training Request Form Initiated by individual

REQUEST STEPS



REQUEST DETAILS

First (given) name		Last (family) name	
Mobile contact number (+971 5X XXXXXXXX)		Personal E-mail address	
Requested Training type			
☐	Observership	For high school students, high school graduates, students completing training as part of their curriculum (diploma, Bachelor or Masters), or individuals interested in gaining a deeper understanding of the work environment in the emirate. Note: This training will not be recognized for licensure purposes in the UAE.	
☐	Clinical Training	For graduates of UAE colleges or universities with nursing or allied healthcare majors who need six (6) months of training to be eligible to apply for a health license.	
☐	Return Back to Practice	For healthcare professionals who have met the licensure requirements outlined in the Unified Healthcare Professional Qualification Requirements (PQR) document but have a clinical experience gap of 2 or more years.	
Name of the current/most recent academic institute			
Study Major (If applicable)			
Preferred training Specialty/ Field/ Department (If applicable)			
Preferred training city/ region (May select more than one)		☐ Abu Dhabi	☐ Al Ain
		☐ Al Dhannah	☐ Dubai
		☐ Sharjah	
Training duration	Start date (Should not be scheduled earlier than 2 weeks from the date of the request)	End date	
	___/___/___		___/___/___

Required documents (Specifications: Colored, clear scanned copies, each document to be shared as a separate document, renamed in this format: Component – First Name & Last name (e.g. CV-John John)):

- **Photo** (white background)
- **Valid passport**
- **Recent CV**
- **Emirates ID** (if applicable)
- **Graduation qualification** (for undergraduate: letter from High school/ College/ University confirming the qualification details)
- **For Return Back to Practice trainees:**
 - A screenshot of the Gap of Practice comment received from the Department of Health – Abu Dhabi (DOH) upon applying for the license. The comment should be dated within the past two months from the date of submitting this form.
 - If you are employed full-time, kindly provide the name of the organization.

Send the completed form along with the required documents to academicaffairs@burjeelholdings.com

A response will be sent within 3 working days. If the request is approved, you would be required to complete the Medical Fitness Test. Upon confirmation of medical fitness, payment details will be subsequently shared.

Date ____/____/____

التاريخ: ____/____/____

Medical Test Request Letter

رسالة طلب فحص طبي

Test type:

نوع الفحص:

☐ Medical Fitness

☐ Substance Abuse

☐ اختبار تعاطي مواد مسببة للإدمان /

☐ فحص لياقة صحية

المشروبات المسكرة

We would like to inform you that the selected medical test above is required for the following employee/ trainee:

نفيدكم علماً بأنه يستلزم عمل الفحص الطبي المشار إليه للموظف/ المتدرب صاحب البيانات التالية:

Full name: _____

الاسم الكامل: _____

Passport number: _____

رقم جوار السفر: _____

We kindly request that you conduct a medical test to assess his/her fitness to practice and provide us with the results on:

وعليه نرجو التكرم بإجراء الفحص الطبي لمعرفة مدى لياقته/لياقته الطبية وإفادتنا بذلك من خلال التواصل مع البريد الإلكتروني التالي:

• للموظفين الإماراتيين:

• UAE national employees:

emiratization@burjeelholdings.com

emiratization@burjeelholdings.com

• Trainees of all nationalities:

academicaffairs@burjeelholdings.com

• للمتدربين من كافة الجنسيات:

academicaffairs@burjeelholdings.com

Or directly to the unit training coordinator

أو لبريد مسؤول التدريب في المنشأة

Thank you for your attention to this matter.

وتفضلوا بقبول فائق الاحترام.

Notes:

ملاحظات:

• **Location:** One of the below Burjeel Holdings units:

• الموقع: إحدى وحدات برجيل القابضة أدناه:

○ **Abu Dhabi:** Burjeel Day Surgery Center – Al Reem

○ **أبو ظبي:** مركز برجيل لجراحة اليوم الواحد – جزيرة الريم

○ **Al Ain:** Burjeel Day Surgery Center Barari

○ **العين:** مركز برجيل لجراحة اليوم الواحد براري

○ **Sharjah:** Burjeel Specialty Hospital

○ **الشارقة:** مستشفى برجيل التخصصي

○ **Al Dhafra:** Burjeel Day Care Center

○ **الظفرة:** مركز برجيل للرعاية اليومية

○ **Al Dhannah:** Al Dhannah Hospital

○ **الظنة:** مستشفى الظنة

• **Result:** Valid for 2 years

• **نتيجة الفحص:** صالحة لمدة عامين

• **Cost:** To be covered by the employee/ trainee

• **التكلفة:** يتحملها الموظف/ المتدرب

TRAINING FEES*			
Program	Training Type	Professional Category	Fee
Basic	Observership	- Clinical Pharmacy - Dentist (GD or any specialty) - Physician (GP or any specialty)	200 AED per day
		- Anesthesia Technology - Clinical Psychology - Clinical Dietician - Medical Imaging - Medical Laboratory - Nursing - Nutrition - Paramedics - Physiotherapy - Respiratory Therapy - Speech Therapy	150 AED per day
		All other categories	100 AED per day
Intermediate	Clinical training	All categories	15,120 AED for 6 months
	Return Back to Practice	All categories	2,100 AED per month

*The listed fees are exclusive of 5% Value Added Tax (VAT)