

Specialty

Please choose **one** of the following specialties:

- Trauma
- CMF
- Spine

Please specify the fields or areas you are interested in:

Preferred date and location

Your preferred host country:

Two convenient dates allowing a min. of 6 months notice:

First choice: _____

From _____ to _____

Second choice: _____

From _____ to _____

Personal data applicant

- Mr. Mrs. Ms.

Title _____

Surname _____

First name _____

Date of birth _____ Nationality _____

Email _____

Home telephone _____ Mobile _____

Private address _____

City _____ Zip _____

Country _____

- Do you have a health insurance? Yes No
 Do you have an accident insurance? Yes No
 Do you have medical liability insurance? Yes No

Your language skills (level: mother tongue, very good, good or poor)

- English _____ Spanish _____
 French _____ Others _____
 German _____ Others _____

Data of employing hospital

Name

Address

City

Zip

Country

Your position in the clinic

Name of head of department

Documents to be enclosed

Please enclose the following documents with this application:

- One current photo of applicant
- Curriculum Vitae (CV) incl. list of research studies, publications, major lectures given by applicant
- Letter of recommendation from the applicant's chief of clinic
- If English is neither the applicant's mother tongue nor the language used at the employing clinic, evidence of attendance at an English language course should be enclosed
- Certificate of insurance
- Certificate of Hepatitis B and C and HIV (failure to present any of these certificates will result in non-admittance to the Observership)

I have read the general guidelines of the Synthes Observership describing the aims and regulations, and I hereby accept all conditions defined by Synthes.

Applicant

Signature _____

Place / date _____

Hospital

Signature _____

Place / date _____

Please return completed form to:

Synthes GmbH
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