



مستشفى
بهمن
THE BEHMAN

Internship Application Form

For Official Use only

Academic:

ARWP:

General:

Trainee name			
E-mail address			
Contact number			
Type of training	<input type="checkbox"/> General	<input type="checkbox"/> ARWP	<input type="checkbox"/> Academic Sessions
Preferred duration	Academic Sessions	From:	To:
	ARWP	From:	To:
	General	From:	To:
Academic status	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Masters
Academic major			
Graduation date/ Expected			
Academic institution			

- I would like to be placed on waiting-list in case of earlier vacancies on **The General Training Program**
 I would like to be placed on waiting-list in case of earlier vacancies on **The Assessment Program**

Please explain in no more than *500 words* why you would like to engage in this training program and how it would contribute to your future career

Signature of Trainee:

Date of Application:

Please send the completed application form and updated CV to s.mallawany@behman.com