



CLINICAL FELLOW Application Form

With prior consent of the respective Med Uni Vienna unit and depending on country of origin along with associated legal requirements, the approval process of your Fellowship might take up to 9 months. Hence, please submit this form duly completed to: fellow-postgraduate@meduniwien.ac.at

Further documents (according to page 4) are to be transmitted upon availability, but at the latest 6 months (unless otherwise indicated and except time-referenced data) prior to the intended start of your Fellowship.

Please feel free to contact us for any further assistance in view of your Fellowship approval.

Please note that in the course of text the term 'Med Uni Vienna' is the abbreviation for Medical University of Vienna.

1. Personal data

Surname:			
Given name:			
Academic title:			
Date of birth:			
Gender	male	female	other
Passport number:		Date of expiry:	
Nationality:			
Permanent address:			
E-mail address & phone number:			
Languages spoken: Adequate language skills in either English or German are compulsory.			
Highest medical degree awarded: Depending on country of origin an authentication might be mandatory.			
Emergency contact person & phone number:			



CLINICAL FELLOW Application Form

Name and address of your home institution/university/entity including contact details of legal representative:

In a further step this data will apply for the cooperation agreement. Please ensure that the person stated will be able to guarantee your employment and funding during the Fellowship, as well be allowed to sign legally binding contracts in the name of your home entity.

Surname & academic title:

Given name:

Function (e.g. Director, Head of.., CEO,...):

E-mail address:

Name & address of your home institution/university/entity:

2. Specific contact details of the respective Med Uni Vienna unit you have approached for your intended Fellowship:

Department/unit and contact person approached: **Letter of intent is compulsory.**

Intended period of time of your Fellowship: **min. 3 to max. 12 months.**

From:

To:



CLINICAL FELLOW Application Form

3. Financing of Fellowship

Med Uni Vienna is not liable for any financial support or some sort of compensation in relation to the Fellowship. Participating in the Fellowship implies financial support guaranteed by cooperation agreement (see below).

If financing is funded by an official grant (government, scientific and/or medical society) please submit corresponding documentation for review.

CAVE! Personal grants for costs of living or private financing schemes do not apply and are excluded.

Tuition Fee: of EUR 29.000,00 per 12 months. Depending on certain circumstances this charge can be waived for conclusively substantiated/justified reasons. If applicable, you may add an explanatory statement for waiving the tuition fee to your application. Please be aware that even if the tuition fee is waived, the processing fee of EUR 700,00 still applies.

Your home institution/university/entity guarantees your current and continuous employment (monthly salary incorporated) throughout the duration of your Fellowship at the Med Uni Vienna.

Consequently a **cooperation agreement** will be issued, once all necessary requirements have been fulfilled.

Subsequently a **health and accident insurance throughout the whole Fellowship period** is mandatory and has to include an overall coverage without any exclusions of at least Euro 30.000,00.

Insurance policy has to be issued in English, terms & conditions incorporated and insurance sum quoted in Euro.

Please indicate contact details for addressing tuition fee/processing fee (name, postal mail address and e-mail address):

Tuition Fee:

Processing Fee:

CLINICAL FELLOW

Application Form

4. **Enclosures:** Following documents resp. data (only PDF-format accepted) are compulsory:

- Letter of Intent (will be issued by respective unit of Med Uni Vienna, provided Fellowship will be supported)
- Application Form filled-in and signed
- CV with personal/professional data (plus photo)
- Copy Passport (page stating name, photo and date of birth)
- Copy valid Visa or Residence Permit (if applicable)
- Copy Birth Certificate (English or German translation mandatory)
- Proof of Qualification: Master level required!
 - Copy Graduate Certificate in Medicine (English or German translation mandatory, and eventually authentication depending on country of origin)
 - Copy Physicians Licence and/or highest Medical Degree (English or German translation mandatory, and eventually authentication depending on country of origin)
- Recent Criminal Record (issue date not older than 3 months prior to Fellowship commencement; English or German translation mandatory)
- Recent Certificate of Good Standing (issue date not older than 3 months prior to Fellowship commencement; English or German translation mandatory)
- Health and Accident Insurance throughout whole Fellowship period including overall coverage without any exclusions of at least € 30.000,00. The policy has to be issued in English or German, terms & conditions incorporated and insurance sum to be quoted in Euro! For EU-citizens a valid European Health Insurance card (EHIC) will be accepted instead.
- Immunization Certificate (will be provided by the International Office) Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Poliomyelitis, Varicella, Hepatitis A/B); Issue date not older than 6 months prior to fellowship commencement.

Further documents might be due during application process and will be requested on demand.

Please note that only official translations either by issuer of the original or translation agency will be accepted.



CLINICAL FELLOW Application Form

I acknowledge and agree that I am obliged to treat any and all information I receive during my stay at the Medical University of Vienna with the utmost confidentiality and secrecy. This obligation of confidentiality also includes any personal data related to patients, their relatives or staff of the General Hospital of the City of Vienna and the Medical University of Vienna. This confidentiality obligation will also remain in force after my stay at the Medical University of Vienna.

I will sign an agreement stating the terms and conditions of my stay at the Medical University of Vienna.

I confirm that I am responsible for obtaining my own visa and other necessary travel documents, immunisations and other requirements as stipulated by the government of Austria or the Medical University of Vienna.

I confirm that all travelling, living and housing expenses are not paid for by the Medical University of Vienna and that the Medical University of Vienna neither pays a salary nor grants any other kind of compensation, because I am not employed with the Medical University of Vienna during my stay.

The Austrian Maternity Protection Act, Federal Law Gazette no. 221/1979, provides several prohibitions of employing pregnant women as well as prohibitions of employing after childbirth. For example, Section 4, Para 3 states that pregnant employees must not perform any work where they are exposed to special risks of accident considering their pregnancy.

I confirm that due to these legal maternity protection requirements and the tasks, typically carried out at certain Departments, I might not be able to carry out any work at designated Departments in case of pregnancy or recent confinement.

I confirm that I am ONLY allowed to treat patients or assist in patients treatment exclusively under direction and supervision and in accordance with my training plan, which has been predetermined. I am furthermore not allowed to take part in routine operations or stand-by-duty.

I confirm that this application is no legal entitlement to participate in a Clinical Fellowship and that the consideration of my application is subject to the fulfillment of the necessary professional qualifications and legal requirements.

I confirm that in case of an affirmative notification I will have to pay a processing fee of EUR 700,00 (EUR seven hundred).

I confirm that I am immune to or immunized against the diseases stipulated in the Immunization Certificate of the Medical University of Vienna (see 4. Enclosures). I understand that I may have to undergo a medical examination after my arrival in Vienna to ensure patient safety.

Herewith I confirm with my signature the accuracy and completeness of the information I have provided above. In order to ensure that my data remains up to date, I will notify the Medical University of Vienna of any changes referring to this application immediately.

.....
date and signature applicant (handwritten)