



O B S E R V E R

Application Form

With prior consent of the respective MedUni Vienna Unit and depending on country of origin, the approval process might take up to 4 months. Hence, please submit this form duly completed to observer-postgraduate@meduniwien.ac.at

Further documents (according to page 2) are to be transmitted upon availability but at the latest (unless otherwise indicated and except for time-referenced data) 3 months prior to your intended Observership.

Please feel free to contact us for any further assistance in view of your Observership 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:			
Name and address of your home institution/university/entity including contact details of contact person (e-mail and current position holding):			

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

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

Intended period of time of your Observership: **max. period of time 6 months.**

From: _____ To: _____

3. Health and accident insurance

A health and accident insurance throughout the whole Observership 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.

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 Observership 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 highest Medical/Academic Degree (English or German translation mandatory)
- Health and Accident Insurance throughout whole Observership period covering 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 International Office) Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Poliomyelitis, Varicella, Hepatitis A/B; issue date not older than 6 months prior to Observership commencement.

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



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Hereby I acknowledge and agree that I am obliged to treat any and all information I receive during my stay as an Observer at the Medical University of Vienna with the utmost confidentiality and secrecy. This obligation of confidentiality by an Observer also includes the disclosure of information of any 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 termination of the Observership at the Medical University of Vienna.

Furthermore, I hereby acknowledge that I shall follow the instructions of the Head of the University Department and the subordinate staff without delay. The Head of the Department may terminate my attendance as an Observer at any time without stating reasons. My status as an Observer for the purpose of my own further training will not develop into an employment contract or a contract for works and services, nor will it entail any entitlement to subsequent employment by the City of Vienna or by the Medical University of Vienna. I shall fully adhere to any relevant rules of the house.

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 I am going to effect and provide an appropriate insurance according to the regulations stipulated by the Medical University of Vienna and hereby acknowledge that I am not entitled to claim treatment at the expense of the City of Vienna or of the Medical University of Vienna in the event of illness or accident. Moreover, I undertake to hold the City of Vienna and Medical University of Vienna harmless and indemnified in respect to my attendance as an Observer.

I confirm that I am immune to or immunized against the following diseases: diphtheria, poliomyelitis, tetanus, pertussis, measles, mumps, rubella, varicella, hepatitis A/B and Covid-19. I understand that I may have to undergo a medical examination after my arrival in Vienna to ensure patient safety.

Herewith I declare that I am aware that the Observership is subject to a strict NO HANDS-ON policy!

Conclusively 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)