

**I'm applying for residency program in the following specialty:**

**Personal information**

Family name:	First name:
Address:	Date of birth (yyyy-mm-dd):
Postal code:                      City:	Male                      Female
Country:	Citizenship:
Phone:	Current employer:
E-mail:	Title/Position:

**Documents, in addition to this application form, required to complete the application:**

1. CV (including educational and employment periods) in English
2. Personal letter (including goals and expectations) in English
3. Transcript copy in English\*
4. Copy of Graduation certificate in English\*
5. Document in English to verify the full financing of your program, issued by your sponsor\*
6. Two reference letters in English\*
7. Copy of valid passport\*
8. English: IELTS Academic, or TOEFL  
Test results must be sent directly from the organisation to Swedish HealthCare.

**Additional information**

### Information Privacy Statement

The information you provide will be treated in accordance with the Swedish Personal Data Act (1998:204). The act is based on EU Directive 95/46/EC regarding the protection of individuals in relation to the processing of personal data and the free movement of such data.

Swedish HealthCare needs your consent to process the information in this application and accompanying documents. The data will be processed by employees within Swedish HealthCare and also the head of clinic responsible for the training.

According to the Swedish Personal Data Act (1998:204) you are entitled to, free of charge and once per year, request information about what personal data Swedish HealthCare holds about you, where the data has been collected, the purpose of processing and to which recipient(s) the data is disclosed. Application for information can be made in writing and sent to: Swedish HealthCare AB, Box 4443, SE-203 15 Malmö, Sweden.

I give my consent to Swedish HealthCare to process my personal data as specified above.

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### Signature

Date:	Place:
Signature:	Printed name:

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### Instructions

- Please fill in the application form on your computer, print the application and sign.
- Send the scanned application form, together with all required documents  
to: [residency@swedishhealthcare.se](mailto:residency@swedishhealthcare.se)
- Application deadline is **XXX 2017**.
- **We prefer to receive your application by e-mail.** If this is not possible, you can post it to:  
Swedish HealthCare AB, Box 4443, SE-203 15 Malmö, Sweden.