Digital health transformation in nursing and healthcare

Application Form

After completing and signing the form, please send it with all the necessary documents to protocollodipmedicina@unipr.it, by the 27ᵗʰ of November 2024

 Last name: First name:

Date of birth: Place of birth:

Applicant's home university (thick as appropriate)

Degree course attended:

Year of attendance:

E-mail address (please write your university e-mail address):

Phone number (including international code): + - -

ID/Passport number (must correspond to the document attached):

Nationality:

English language competence level (CEFR)

B1

B2

C1

C2

Level B2 or higher will be a preferential criterion.

 Language competence can be demonstrated:

a) Through an official certificate

b) Through Language Placement Test,

c) Through an exam shown in the Transcript of Records (language proficiency exam or similar), provided that the CEFR language level is explicitly stated.

Other language competencies: ....

Computer skills (please select)

- MS Word   MS Excel   MS Power Point   MS Teams

- Zoom or other videoconferencing platform

Motivation

(please explain the reasons why you are applying for this intensive programme)

I declare that the following documents are attached to this application form:

Copy of ID or passport

Transcript of records and certificate of enrolment (Please attach a copy of an official document demonstrating enrolment in a University degree course and proof of exams passed at the time of application with grades obtained)

Proof of English language competence

Other documents and certificates (Please attach any other document supporting your application to this Program)

I hereby authorize the University of Parma and its partners to use my personal data in accordance to the GDPR 679/16 - "European regulation on the protection of personal data", in the awareness that the given information is used exclusively for any purpose related to the object of this application.

Date: /   /

Student's signature_____