

The form shall be filled in legibly!

APPLICATION FORM FOR DENTAL POSTGRADUATE TRAINING

I. Trainee's personal data:

Full name: Mother's maiden name:

Place of birth: date of birth (dd/mm/yyyy):

Citizenship:

Correspondence address:

E-mail address: Phone:

Issuer of dental degree: registered number, date:

*Recognizing university: *date of recognition:

Relevant working experience as a dentist: ☐ 0-1 year ☐ 1-3 year ☐ more than 3 years

Number of attachment ☐

Relevant working experience of specialization: ☐ 0-1 year ☐ 1-3 year ☐ more than 3 years

Number of attachment ☐

Activity related to the specialization (Conference, training, courses, lecture, presentation, study trip, article writing, scientific activity, abstract...etc.)

Number of attachment ☐

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Earliest expected entry date of the Training(dd/mm/yyyy):

Name of specialization:

II. Place of training:

Name: **Semmelweis University Faculty of Dentistry**

Department:

Address:

Declaration:

1. At the expected date of my entry into the specialist education, I am not performing any studies at the full-time department of any other institution of higher education.
2. I hereby declare that I have been thoroughly informed concerning the 36-month course and I acknowledge all the information regarding the training.
3. I, being fully aware of my legal liability, hereby declare that all data entered by me are correct.
4. I hereby acknowledge that I have to participate of the entrance procedure organized by the Faculty in order that I be able to take part in the specialist higher education.
5. The knowledge of Hungarian language is inevitable to complete the specialist education program and to pass the specialist examination. Therefore, I hereby acknowledge that – if I obtained my dentist's degree in an education in a language other than Hungarian and/or I am a foreign citizen who does not use the Hungarian language habitually – I am not allowed the specialist education program until presenting my governmentally accepted (at least medium level) Hungarian language examination certificate at the Semmelweis University Faculty of Dentistry Education and Further Training Office.

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6. I hereby acknowledge that, regarding the handling of my personal data, I have the rights as regulated by the following legal rules and decisions:

- 1) European Parliament and Council (EU) Order No. 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)
- 2) Act 112/2011 on the freedom of information self-determination and freedom of information
- 3) Act 204/2011 on the national higher education
- 4) Act 154/1997 on healthcare
- 5) 1997 XLVII. Hungarian Act on the Treatment and Protection of Health and Related Personal Data
- 6) NM Order No. 62/1997. (XII. 21.) on certain issues of the handling of healthcare and related personal data
- 7) Semmelweis University's regulations on data protection, compliance with demands to disclose data of public interest and disclosure of mandatorily disclosable data (Presidential and Chancellor's Decision No. 1. E/3/2017. (IV. 28.).

On this basis, I hereby agree that the application documents submitted by me that include my personal data be handled and disclosed to third persons required by the legal regulations by the authorized employees of Semmelweis University Faculty of Dentistry, i.e. that all such persons learn these data who are involved in the processing of the registration procedure and in the decision making, as ordered by the legal regulations above.

I hereby agree to receive an electronic notification to the e-mail address indicated (legibly) by me.

☐ **YES**

☐ **NO**

Please attach your CV, a copy or your diploma and certificates of any corresponding specialist courses!
Applicants submitting incomplete application forms or not submitting the required attachments within the supplementary deadline shall be excluded from the entrance procedure.

Budapest, 20.

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signature of trainee