# DECLARATION

on the existence of an employment relationship / healthcare service legal relationship

For the 2025 Pre-doctoral Application

I, the undersigned,

Name: ..................................................................................................

Place and date of birth: .................................................................

Mother’s name: ................................................................................

hereby declare that at the time of submitting the 2025 Pre-doctoral Application:

☐ I am not in an employment relationship or healthcare service legal relationship.

OR

☐ I am in an employment relationship/healthcare service legal relationship, with the following details:

Name of employer: ....................................................................................................

Job title: .......................................................................................................................

Duration of employment: .........................................................................................

Weekly working hours:

☐ does not exceed 20 hours per week

☐ exceeds 20 hours per week

I declare that the above information is true and correct.

Dated: ..........................................., 2025. ............ month .......... day

….………………………………………

Signature