

# APPLICATION FORM

„Certificate of Healthcare Management”, University of Pécs, Faculty of Business and Economics

***Please read carefully***

- ✚ Thank you for applying for the Certificate in Healthcare Management .
- ✚ Please consult us if you need assistance for filling up your application. You may first express your interest prior to submitting your application
- ✚ Deadline for application is 22.08.2006.
- ✚ Applications to be sent I to: *(Kia Golesorkhi, Department of Marketing)* or via e-mail to: *kia@ktk.pte.hu*
- ✚ Please denote the course fees :
  - Independant participant fees of (500 Euros) (141.000 huf)
  - Consultant working in Hungary (127.000 huf)
  - Other Employees of the Hungarian Healthcare (113.000 huf)
- ✚ Unless requested otherwise the course fees are payable via cheques distributed on the first study day



Pécsi Tudományegyetem  
Közgazdaságtudományi Kar

H-7622 Pécs  
Rákóczi u. 80.  
72/501-599

# **PERSONAL INFORMATION**

Name		Name Title	
Place of Birth		Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year <input type="text"/> <input type="text"/> month <input type="text"/> <input type="text"/>
ID no.	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Permanent add.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mailing add.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Telephone no.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile phone	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail add.	@		

# **WORK PLACE INFORMATION**

Name		Position	
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone no.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax no.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Please, a copy of payment confirmation of application fees to [ (50800111-11075909) Szigetvári Takarékszövetkezet, Pécs, Belvárosi Fiók 3, Shamim Kft.]*



SPECIALIZATION			
Department		Faculty-Univ.	
Specialization		Applying as	<input type="checkbox"/> Consultant <input type="checkbox"/> other
Graduation year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Certificate no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ENGLISH (instead of naming the type of exams you've taken part in you may determine the level of your language knowledge)			
Level of English		Type of exam	
OTHER INFORMATION			
Who is sponsoring your studies?			
Where did you first hear about this program?			
Other options you had considered ?			
Why did you choose this program?			

*I have read, understood and accepted the terms of application! I declare that the information filled in my application form are true.*

Pécs, 2006. . .

Signature

**Deadline for application: 22 . August. 2006.**

