|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate's Name:** | ***Type here your name – First Name Last Name*** | | | | | | |
| **Position Considered for:** |  | **Total Years of Medical Experience:** | | |  | | |
| **Field of specialization:** |  | **Facility Accreditation Experienced:** | | |  | | |
| **Motivation for considering the role:** |  | | | | | | |
|  | | | | | | | |
| **Facility’s Name** | **Total Bed Capacity** | | **Position** | **Ward/Department/Unit** | | | **Employment Period** |
| Current Company Name: |  | |  |  | | |  |
| 1st Previous Company Name: |  | |  |  | | |  |
| 2nd Previous Company Name: |  | |  |  | | |  |
|  | | | | | | | |
| **Medical Cases Handled:** |  | | | **Medical Equipment Used:** | | |  |
|  | | | | | | | |
| **Current/Previous Salary and Benefits:** |  | | | **Expected Salary and Benefits:** | | |  |
| **Current Location:** | City and country | | | **Preferred Location:** | | |  |
|  | | | | | | | |
| **University Degree / Year completed:** | Degree title/date of completion | | | **Other Certification/s:** | | |  |
| **Validity of BLS:** | **(dd-mm-yyyy)** | | | **Validity of ACLS:** | | | (dd-mm-yyyy) |
| **Validity of HAAD/DHA License:** | **License Type**: DHA or HAAD or MOH / **Validity:** (dd-mm-yyyy) | | | **Job title on HAAD/DHA License:** | | |  |
| **Last update of Dataflow:** | **(dd-mm-yyyy)** | | | **Validity of Home License:** | | | (dd-mm-yyyy) |
|  | | | | | | | |
| **Nationality:** |  | | | **2nd Nationality** | | |  |
| **Languages:** | 1st language | | | **2nd Languages** | | |  |
| **Marital/Civil Status:** |  | | | **If married, number of children:** | | | Number of children/age/mention if they are in the country / if sponsored |
| **Date of Birth:** | (dd-mm-yyyy) | | | **Driving license:** | | |  |
| **UAE Visa Status:** | Valid or cancelled / valid until when (dd-mm-yyyy) | | | **Current Employment Type:** | | | Limited/unlimited |
|  | | | | | | | |
| **Availability for interview:** |  | | | **Notice Period:** | |  | |
|  | | | | | | | |
| **Why do you want to work for a rehab facility and why should our client hire you?** | Type in here your composition | | | | | | |