



WARSZAWSKI UNIWERSYTET MEDYCZNY

MEDICAL UNIVERSITY OF WARSAW

AKADEMICKIE CENTRUM JĘZYKOWE

ACADEMIC LANGUAGE CENTRE

TYPE OF COURSE: **GERMAN NURSING ADAPTATION SCHOOL**

COURSE DATE: **04.10.2021 – 30.06.2022**

PLACE: **MEDICAL UNIVERSITY OF WARSAW, WARSAW, POLAND**

### APPLICATION FORM

1. SURNAME: .....
2. GIVEN NAMES: .....
3. SEX: MALE / FEMALE (please delete as appropriate)
4. PASSPORT NUMBER: .....
5. COUNTRY OF ORIGIN.....
6. NATIONALITY: .....
7. DATE OF BIRTH (DD-MM-YYYY): .....
8. PLACE OF BIRTH:.....
9. POSTAL ADDRESS:.....  
.....
10. RESIDENTIAL ADDRESS:.....  
.....
11. E-MAIL: .....
12. TEL: .....
13. SKYPE ID: .....
14. OCCUPATION: .....



15. ENGLISH LANGUAGE PROFICIENCY

spoken:

none	poor	good	very good	excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written:

none	poor	good	very good	excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFIRMATION OF ENGLISH LANGUAGE PROFICIENCY (if applicable e.g. IELTS, FCE etc.)

CERTIFICATE: .....

SCORE: .....

.....

16. Names and addresses/telephone numbers of persons to be contacted in case of emergency:

back at home:

in Poland:

.....	<b>EEU Group Sp. z o.o.</b>
.....	<b>Wisłana 8, 00-317 Warszawa</b>
.....	<b>tel. +48 22 417 0554</b>
.....	<b>e-mail: <a href="mailto:office@eeugroup.com">office@eeugroup.com</a></b>

I hereby declare that there are no medical contraindications to my participation in the course organized by the Academic Language Centre off Medical University of Warsaw.

I also declare that I will take out an insurance policy for myself.

I also declare that I know the rules and terms of participation in the course and I accept them.

I hereby confirm that tuition in amount of 7 000 EUR is for the course for 9 months.

I hereby declare that I will pay the full course fee myself.

I hereby give consent for my personal data on this application form to be processed by the School solely for its business operations in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 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).

Place, date: \_\_\_\_\_ Signature : \_\_\_\_\_



## **TERMS OF PAYMENT**

### **1. 200 EUR – registration fee (non-refundable)**

**Date of payment: by 31<sup>st</sup> May 2021**

should be transferred to the following bank account:

EEU GROPU SP. z o.o.

ING Bank Slaski S.A.

SWIFT: BREXPLPWMBK

IBAN: PL44 1140 2004 0000 3512 0753 2635

Transfer description: registration fee – German Nursing School, course 04.10.2021 – 30.06.2022

### **2. 4 500 EUR - Course tuition for German Nursing Adaptation School**

**Date of payment: by 30<sup>th</sup> June 2021**

should be transferred to the following bank account:

WARSZAWSKI UNIWERSYTET MEDYCZNY (MEDICAL UNIVERSITY OF WARSAW)

Bank Millennium

SWIFT: BIGBPLPW

IBAN: PL 48 1160 2202 0000 0003 3664 8916

Transfer description: German Nursing School, course 04.10.2021 – 30.06.2022

### **3. 2 300 EUR - Fee for: accommodation , TELC B2 exam, local residence registration, transfer from/to airport, 24h/7 days assistance**

**Date of payment: by 31<sup>st</sup> July 2021**

should be transferred to the following account:

EEU GROPU SP. z o.o.

ING Bank Slaski S.A.

SWIFT: BREXPLPWMBK

IBAN: PL44 1140 2004 0000 3512 0753 2635

Transfer description: accommodation – German Nursing School, course 04.10.2021 – 30.06.2022



**TERMS AND RULES OF PARTICIPATION IN THE  
GERMAN NURSING ADAPTATION SCHOOL  
held on 04.10.2021 – 30.06.2022**

1. The course is intended for Applicants with a nurse qualifications.
2. The course aims to improve the professional nurse qualifications based on European standards applicable to hospital treatment.
3. The number of students participating in the course is limited to 50 people.
4. The course will be conducted in English and German languages.
5. In order to be admitted to the course it is obligatory to have one of the following certificates of German language:
  - Goethe – Certificate A2
  - OSD – Certificate A2
  - Test Daf Niveaustufe 1
  - Telc Deutsch A2
  - Telc Pflege A1
6. In order to be admitted to the course it is obligatory to have knowledge of English on B2 level.
7. The condition to be pre-qualifying is sending:
  - Fulfilled and signed Application Form
  - Nursing qualification documents: CV, nursing certificate or diploma, nursing transcript, Nursing Council Registration, reference (experience) letters
  - Passport copynot later than by 15<sup>th</sup> May 2021 to e-mail: [office@eeugroup.com](mailto:office@eeugroup.com)
8. Selected Candidates will get official confirmation letter to be pre-qualifying to the course of Nursing Language Preparatory School and have to pay Registration fee in amount of 200 EUR by 31<sup>st</sup> May 2021 and will send bank transfer confirmation to e-mail: [office@eeugroup.com](mailto:office@eeugroup.com)
9. The candidate must submit by 15<sup>th</sup> May 2021 the following mandatory documents attested by Ministry of External Affairs at home country and the embassy:
  - nursing certificate or diploma
  - nursing transcript
  - nursing council registration
10. Registration fee is not refundable.



11. EEU GROUP will provide 2 months accommodation.

12. The remaining fees are refundable to the candidate in the following cases only:

- the Candidate has been refused to get a visa
- in the case of serious illness does not permit to study or death of the candidate confirmed by the local authorities and the Polish Embassy.

The refunded amount will be reduced by the cost of the international transfer bank commission.