

APPLICATION FORM

LANGUAGE REQUIREMENTS

Level of Spanish required:

- B1 (Intermediate) required to do practice placements at placement centers.
- B2 (Upper Intermediate) required to take classes taught in Spanish.

HEALTH SCIENCES PROGRAMMES

International Students have to choose only one programme from the ones below.

Physiotherapy

Nursing

Any student may enroll in an optional Preparatory Course (Spanish Language and Culture) taught in September or January (for an additional fee). Please contact Ana Keller for information (akellepi@nebrija.es).

APPLICATION DEADLINES

- First semester (Autumn): 1st June.
- Second semester (Spring): 15th November.

HOUSING INFORMATION

Homestay with a Spanish family, student residence hall, studio apartment, etc: please do contact Ana Keller (akellepi@nebrija.es).

PERSONAL DATA

Name: _____

Surname: _____

Permanent address: _____

Postal Code: _____ City: _____

Country: _____ Email: _____

Telephone: _____ Nationality: _____

Date of Birth: _____ ID/Passport: _____



ACADEMIC INFORMATION

University you are currently enrolled: _____

Degree program you are studying: _____

Academic year you are currently studying: _____

Spanish language level (*see language requirements at page 1*)

A1 (Beginner)

B1 (Intermediate)

C1 (Advanced)

A2 (Elementary)

B2 (Upper Intermediate)

C2 (Proficiency)

English language level

A1 (Beginner)

B1 (Intermediate)

C1 (Advanced)

A2 (Elementary)

B2 (Upper Intermediate)

C2 (Proficiency)

NURSING STUDENTS

Practice Placements asked (please choose all options from same level: basic, basic/medium, medium or advanced)		Theoretical subjects already done by the student at his/her home university (please tick the ones you have already done)
Basic Level	Geriatric Nursing (socio-sanitary centers) Others:	Basic care and Basic life Support Nursing Geriatrics
Basic/Medium Level	Medical, surgical or medical-surgical services: Internal Medicine Nephrology Traumatology Gastroenterology Cardiology Urology Oncology Surgery Neurology Otorhinolaryngology Others:	Nursing in Mental Health General Clinical Nursing Nursing in obstetrics and gynaecology
Medium Level	Obstetrics/Gynaecology/Maternity Mental Health Endoscopies Blood bank Outpatients (specialized wards) Others:	
Advanced Level	Intensive care Pediatrics emergency Coronary unit Pediatrics/Neonatology Operation theatre Community Care Dialysis Palliative care Adults emergency Others:	Community Nursing and Education for Health Pediatric Nursing Nursing care for patients in Critical Conditions Palliative Care Drug dependence

According to the Spanish law, all people in contact with minors (children under 18 years old) needs to hold a Criminal Records Certificate to prove that they have not any problems with justice. It is mandatory that you ask for this certificate at your home country before your arrival. You will be asked to send a copy of it by email before your arrival and to give the original document to the International Coordinator in the welcome session. It will be kept in your University Students folder.

PHYSIOTHERAPY STUDENTS

Practice placements already done by the student:

Public Hospital

Private Centers

Musculoskeletal

Adult Neurology

Sport

Paediatrics

Cardio-respiratory

Geriatrics

Pelvic Floor Disease

Other

Placement areas requested

REQUESTS FOR ERAMUS+ STAY AT SAN RAFAEL-NEBRIJA

Please fill out this information so that we can study your requests and organize a suitable Erasmus placement plan for you. Remember that we will take your requests into consideration, but they can be modified according to our possibilities and placement availability.

PERIOD: First Semester (Autumn) Second Semester (Spring)

Number of weeks _____ Total Practice Placement hours needed _____
*This field is mandatory

Arrival date _____ Departure date _____
*This field is mandatory *This field is mandatory

Comments

ADDITIONAL DOCUMENTATION REQUIRED

- Valid passport/identity card.
- Passport-sized photo (jpg file).
- Medical insurance valid in Spain (European Health card is OK).
- Confidentiality Agreement and Vaccination Recommendations.
- Criminal Records Certificate.

Please send all scanned documents by email to the International Relations Coordinator at San Rafael-Nebrija Health Sciences Center **before your arrival**.

I certify that all the information that I have included (in this form and in accompanying documents) is true and accurate. I understand that any falsehood regarding this information can result in my immediate expulsion. I also accept the rules and the academic system of San Rafael-Nebrija Health Sciences Center.

Signed:

INTERNATIONAL PROGRAMMES



CONFIDENTIALITY AGREEMENT

Mr/Miss/Mrs _____
ID number _____

STATES:

1. Acknowledge that personality, dignity and privacy is a patient's right that has to be respected as well as confidentiality of all information related to the patient's process.
2. Acknowledge that confidentiality of all clinical information is a patient's right that has to be respected and this information cannot be accessible in any form, except where authorized.
3. According to article 10 of the Organic Law 15/1999, 13th December, related to Personal Data Protection, acknowledge that students have the duty to protect the confidentiality of any information obtained during their clinical placement, committing to provide the utmost care and confidentiality in the management and custody of any information/documentation during the formative period and once it has been concluded.
4. Acknowledge that it is not appropriate to transfer, duplicate or reproduce all or part of the information to which the student has access during his/her activity at the Center, not being able to use the data provided by him/her for purposes other than clinical training, or those for which he was authorized by the Center's management.
5. Know and accept the Protocol through which basic guidelines are determined to ensure and protect the right to privacy of patients by students related to Health Sciences.
6. Is aware that is responsible for complying with the duty of confidentiality and its breach may have criminal, disciplinary or even civil consequences.

For all these reasons, the student commit to ensure that his/her behavior at the Health Center complies with the aspects above-mentioned of this responsible statement, which is signed.

Madrid, ____ of _____ 20__

Signed:

INTERNATIONAL PROGRAMMES



VACCINATION AND IMMUNISATION

The San Rafael-Nebrija Health Sciences Center strongly recommends that all incoming students be immunized before they start their Clinical Placement against the following diseases:

Comply with the Vaccination Schedule established by the Regional HealthCare Authority

Hepatitis B Vaccine

Influenza Vaccine

I

declare that:

I comply with the recommended vaccination and immunization guidelines set by the San Rafael-Nebrija Health Sciences Center.

I do not comply with the recommended vaccination and immunization guidelines set by the San Rafael-Nebrija Health Sciences Center, and I accept the consequences it may cause and the harmful effects it may have on me.

Date: _____, _____ 20__

Signed: