



**MAASTRICHT
UNIVERSITY**



MHPE Brasil

**MASTER OF HEALTH PROFESSIONS EDUCATION
APPLICATION FORM
BRASIL 2010-2012**

THIS ENVELOPE CONTAINS

Application form

Certified diplomas

Name of applicant:

Signature of applicant

-----Date -----

Please return this form, together with the additional material to:

Maastricht University
Faculty of Health, Medicine and Life Sciences
School of Health Professions Education (SHE)
Master of Health Professions Education Programme
P.O. Box 616
6200 MD MAASTRICHT
The Netherlands

USE CAPITAL LETTERS PLEASE

Maastricht University, Faculty of Health, Medicine and Life Sciences, School of Health Professions Education. Master of Health Professions Education Programme, P.O. Box 616, NL - 6200 MD MAASTRICHT, The Netherlands. Tel.: +31 43 388 5777/8 / Fax.: +31 43 388 5639
E-mail: MHPE@OIFDG.Unimaas.nl / WWW: <http://www.she.unimaas.nl>



A. Personal data

Family Name/surname -----

First Name(s) -----

Title (Prof/Dr/Mr/Ms/Miss/Mrs) -----

Mailing Address: -----

Telephone Number Home -----

Telephone Number Work ----- Fax No: -----

Email Address: -----

Home Address: -----

Place of Birth: -----

Date of Birth (dd/mm/yy) -----

Country of Birth: ----- Nationality: -----

Sex Female Male

Marital status: Married Single

Proposed year of entry April

Please note: All potential students from Brazil please enclose a copy of your carteira de identidade (or carteira de habilitacao) or if from another country please send a copy of your passport identification page.

Name and address of a family member -----

Contact: -----

Relationship to this person: -----



B. Language (for non-native speakers only)

English Proficiency Test Taken: TOEFL IELTS Score: -----

Please Note: All non-native English speaking potential students should enclose a copy of Test Score:
TOEFL score or at least 213 computer-based test; or 550 on the paper-based test; or IELTS at least 6,50.
The only exception to be considered will be a verified statement in writing of an education degree in English or primary school education given in the English language.

C. University Education (Start with highest grade obtained, if necessary use additional sheets)

Degree Obtained: -----
Name of University: -----
Address of University: -----

Telephone Number University: -----
Studied from (dd/mm/yy): ----- Until (dd/mm/yy): -----

Please note: Enclose certified (bearing the seal of the school and signature of the head or registrar) photocopies of all Higher Degree diplomas

D. Work Experience (Start with current positions, if necessary use additional sheets)

Present Post: -----
Job Title: -----
Name of Employer: -----
Address of Employer: -----

Telephone Number at Work: ----- Fax No: -----
Describe responsibilities and tasks: -----

Length Employment (dd/mm/yy): ----- Until (dd/mm/yy) -----



Former Work Experience (if necessary use additional sheets)

Previous Posts: -----

Describe responsibilities and tasks: -----

Length Employment (dd/mm/yy): ----- Until (dd/mm/yy)-----

E. Other information Relevant for Application (e.g. publications)

F. Financial Support:

How do you plan to finance your education? (statement)

- By Myself
(only approved if guaranteed by a financial statement)
- Through my institute/employer
(financial statement required)
- I have obtained a fellowship
- I have applied for fellowship from:

Date of decision: -----

Please note: Enclose copy of proof of support to finance your education and living expenses



Banc details

MHPE Brasil
Stewart Mennin
Mennin Consultoria em Saude Ltda
C.N.P.J. 07.189.529/0001-44.
Ag 1898-8
CONTA CORRENTE 18.930-3
Banco do Brasil S.A.

For internation transfers

Sao Bernardo do Campo (SP)
BIC SWIFT BRASBRRJSBO
Via Banco do Brasil S.A.
New York USA
BIC SWIFT: BRASUS33
CHIPS UID: CHO23960
ABA: FW026003557

Note: This account is specific for the MHPE Brasil program only

G. Motivation

In 200 words or less, describe why you think this MHPE programme is appropriate for you.



Also please indicate how many hours you will be able to study.

Per day/ ----- hours
Per week/ ----- hours
Per month? ----- hours

For how many hours will you be exempted from your other duties?

Per day/ ----- hours
Per week/ ----- hours
Per month? ----- hours

H. References (List two persons, preferably one from the academic staff)

Name Reference No. 1: ----- No. 2 -----
Address Reference No. 1: ----- No. 2 -----

I. Computer Experience

Are you familiar with the use
of computers and software

Windows
 Yes No

Word:
 Yes No

Electronic Learning Environment
 Yes No

E-mail:
 Yes No

Internet:
 Yes No

J. Declaration

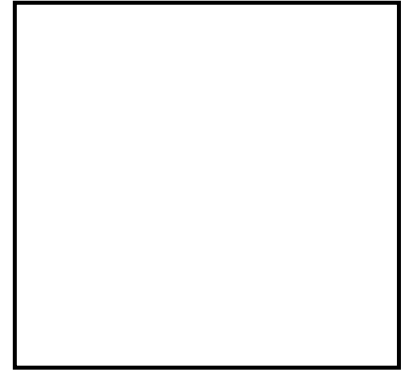
- 1. I confirm that, to the best of my knowledge, the information provided on this form is correct.
- 2. I understand that if my funds should at any time during the course become inadequate, the Department will not be able to provide financial assistance or remission of the fee.

Signature of Applicant: ----- Date -----



How did you learn about the
MHPE programme for which
you are applying?

Please attach two passport-sized photographs to this form



K. Enclosures

- Copy of your a copy of your carteira de identidade
(or carteira de habilitacao)
- If not a citizen of Brazil enclose a Copy of
passport (identification page);
- Copy of TOEFL or IELTS score;
- Two passport sized photographs;
- Certified photocopies of Higher Education
Diplomas;
- Copy of proof of support by donor-
organisation/employer;
- Motivation letter to attend the MHPE programme