

Required documents for HMC sponsorship

- Passport Copy
- Qatar ID Copy
- Original copy of Birth Certificate
- Copy of High School, Elementary and Primary School Records
- No objection letter from Guardian
- 2 Characters Reference letters
- 'Why I want to be a Nurse' statement
- All program and class certificates i.e. English, Computer Skills, Workshops or Symposiums
- CV including hobbies, interests and personal status
- Cover letters

Application for Nursing Academic Scholarship

HMC requires all Qatari employees to complete the following application when applying for an HMC sponsored Academic Scholarship. The HMC Scholarship Committee will review all details provided on this application. Human Resources will reject incomplete applications and applications without the required attachments.

Section 1: Personal Details

Part A Employee Information

Employee Information				
	Name		Corporation Number	
	Current Job Title/Student		Department	
	Date of Joining/Date of Graduation		Job Grade	
Nationality		Date of Birth	Place of Birth	Mobile Number Mandatory

Current Employee Work Location	<input type="checkbox"/> NCCCR	<input type="checkbox"/> Woman’s Hospital	<input type="checkbox"/> Heart Hospital
	<input type="checkbox"/> Al Khor Hospital	<input type="checkbox"/> Hamad General Hospital	<input type="checkbox"/> Corporate Services
	<input type="checkbox"/> Al Wakra	<input type="checkbox"/> Rumailah Hospital	<input type="checkbox"/> Others (Please specify)

Guardian/Sponsor				
Next of Kin Relationship	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Husband	<input type="checkbox"/> Other
Contact Address				
Email	Home Phone Number			

Section 1: Personal Details

Part B Employee Qualifications

Educational Qualifications	Category	Name of School	Start Date	End Date
	High School			
	Elementary			
	Diploma			
	Technical School			
Attach your CV if more room is required				
Training Courses Taken	Name of Training Course		Start Date	End Date
Attach your CV if more room is required				
Work Experience	<input type="checkbox"/>	Please attach your CV to detail your work experience		

Section 2: Scholarship Details

Academic Program Information

Name of University _____
 University Location _____
 (Country) _____

☐ Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree ☐ Post Doctoral
☐ Diploma ☐ Certificate Programme (and its duration) ☐ Others

Programme of Scholarship Study _____
 (Attach Details)

Have you been accepted/admitted for the study programme by the University
 ☐ Yes Unconditional Acceptance (Attach Letter) ☐ Yes Conditional Acceptance (Attach Letter) ☐ No Waiting for a Response ☐ No Not yet applied for Admission

If you have received conditional acceptance/admission from a University, please state the conditions here _____

Duration of Scholarship Programme _____ Program Start Date _____ Expected Completion Date _____

English Language Requirement
 ☐ TOEFL ☐ GRE ☐ IELTS ☐ Other

English Language Score _____ Date of English Language Exam _____

Contact Person

Student Affiliation Director

Cost of the Course Study _____ Per Academic year ☐ Per Academic term

☐ Course Details ☐ Latest English language test results

Required Attachments Mandatory
 ☐ Acceptance/Admission letter, if any (Only an unconditional offer of admission is accepted)
☐ Supporting statement/Letter from Executive Director & Department Head
☐ Detailed Career Plan
☐ Evidence the University/College is approved by the Higher Education Institute

Name _____
 Address _____

 Phone _____ Fax _____
 Email Address _____

Section 3: Application Support

To support your application, please attached copies of two (2) reference letters in English or Arabic.

Employee Declaration

Qatari staff: I certify that the information included in this application is true and correct. I agree to work for Hamad Medical Corporation (HMC) for the same duration of years spent in the study program and shall abide with the other Terms & Conditions stipulated in the HMC Scholarship Policy.

Non-Qatari staff: I certify that the information included in this application is true and correct. I agree to work for Hamad Medical Corporation (HMC) as stipulated in my employment contract.

Employee Signature

Date

Section 4: For HR verification & approval

HR Review of Financial Commitment and review of application

Cost of the Program study per year

Cost of the Program allowances per year

Total cost of scholarship per year

Date for scholarship committee review

Note: The career plan should consist of information that conforms with the Qatarisation plan

Career Plan

☐ Exists

☐ Needs to be developed

Application review

☐ Complete

☐ Incomplete

Attached documents review

☐ Complete

☐ Incomplete

Section 5: Scholarship committee decision

Nursing Scholarship Committee Decision

Decision

☐ Approved

☐ Rejected

☐ On Hold

Justification/Comments

Approval reference

Date finalized

Should you require assistance or have an enquiry, please send an email to academic@hmc.org.qa or you may prefer to call the HR Learning & Development section on **+974 443 91907**

Student contact details

Name			
Job title			
Department			
Qatar contact address			
Telephone			
Email			
Corporation Number			
Course start date		Expected end date	
University			
Course title			
Overseas contact address			
Telephone			
Email			
Signature		Date	

Please ensure that you inform HR Learning & Development Office of any changes to your contact details to enable us to keep you informed of issues related to your studies and work at HMC.

HR Learning & Development

Email: personnel@hmc.org.qa
Telephone: +974 439 1907
Fax: +974 439 1116

Student records consent form

I (enter name)

request and permit the (enter University's name)

to discuss and/or release any and/or all parts of my educational and financial records along with my contact information during my enrolment as a student at the institution named above.

This information maybe released to, and discussed with, the HR Learning & Development Section, who act on behalf of my sponsoring organization, Hamad Medical Corporation, Qatar.

Please provide HMC, at the following address, a progress report at the end of each semester, stating the progress I have made, my grades and levels of attendance.

HR Department

Hamad Medical Corporation PO Box 3050

Doha

Qatar

Tel: +974 439 1907

Fax: +974 439 1116

Email: personnel@hmc.org.qa

I understand that this information will be released in paper and/or electronic format and understand that the above named institution will not be responsible for any release or use of the information provided.

Student signature

Student name (print)

Date
