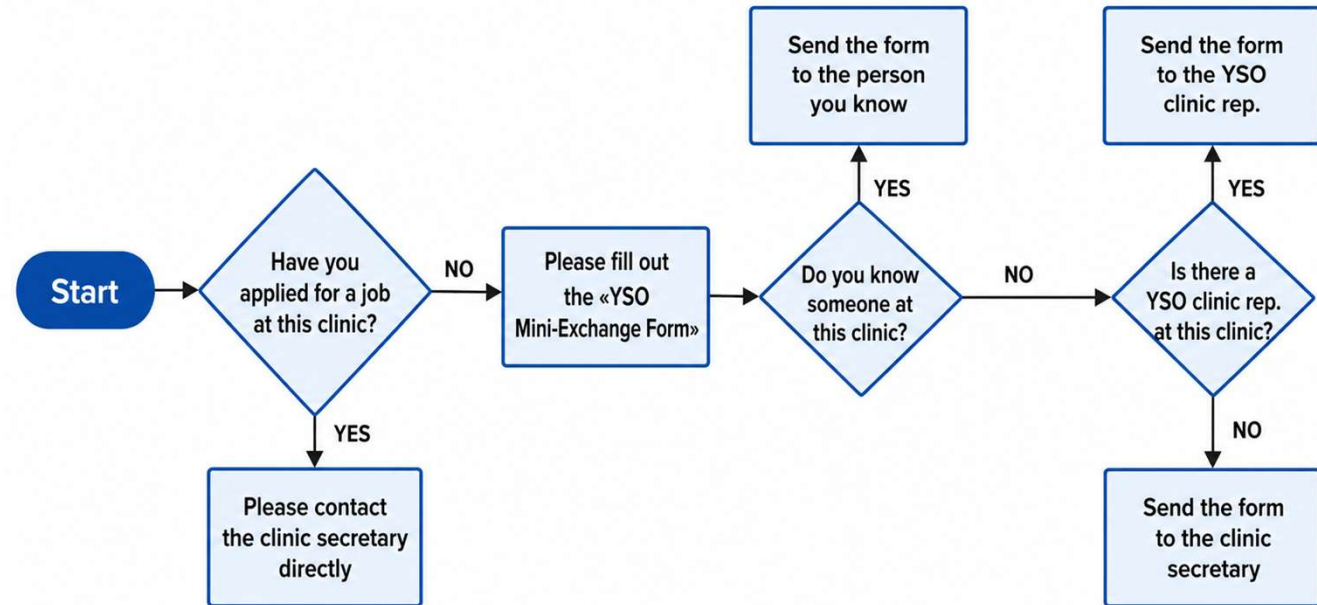


Mini-Exchange

If you would like to visit a clinic and have a look at other work places, please follow this steps. A Mini-Exchange can not be guaranteed and is upon availability at the clinics.



Mini-Exchange

Name	
Surname	
Age	
E-Mail	
Mobile Phone	
Experience in ophthalmology (Where, which clinic and how long?)	
Which clinic would you like to visit?	
Have you applied for a job at this clinic?	
Why would you like to visit the clinic? Please write a few words/reasons.	
When and for how long would you like to visit the clinic? Best is to give multiple options (incl. dates) where it would fit.	☐ 1 day ☐ >1 day ☐ other: _____
Are you planning to apply for a job at this clinic?	
Please confirm, that you are OK that we will share your data with the clinic director and the clinic staff to organize the Mini-Exchange.	
Date and Signature	

Please send the form to the clinic representative or to the clinic secretary, depending on the flow-chart outcome. Please do not ask for a Mini-Exchange if the clinic is on the list of clinics which does not offer mini-exchanges. Thank you.