

TRAINING PROGRAMME APPLICATION FORM

I. PERSONAL INFORMATION (must be spelled exactly as on your birth certificate, identity card, or passport)											
NAME											
LAST NAME						MAIDEN NAME					
GENDER (encircle)			1 - male			2 - female					
EMŠO (enter in the corresponding fields) Foreign citizens enter your full birth date.											
				Day		Month		Year			

II. PERMANENT ADDRESS											
STREET AND STREET/HOUSE/APARTMENT NUMBER											
CITY						POSTAL CODE (enter in the corresponding fields)					
TELEPHONE						COUNTRY					

E-MAIL ADDRESS											
----------------	--	--	--	--	--	--	--	--	--	--	--

III. ADDRESS FOR CORRESPONDENCE (only if it differs from the address above)											
NAME											
LAST NAME											
STREET AND STREET/HOUSE/APARTMENT NUMBER											
CITY						POSTAL CODE (enter in the corresponding fields)					
TELEPHONE						COUNTRY					

IV. CITIZENSHIP INFORMATION (please follow instructions before encircling the correct option and entering additional information on the lines below)											
1 - I am a citizen of the Republic of Slovenia,										<input type="checkbox"/>	
2 - I am a foreign citizen with a permanent address in Slovenia and am (or my parents or caregivers) a tax resident of the Republic of Slovenia,											
6 - I am a European Union citizen: (country) _____										<input type="checkbox"/>	
3 - I am a foreign citizen with a permanent address outside of Slovenia: (country) _____											
4 - I am Slovenian without the Slovenian citizenship: (country) _____											
5 - I have dual citizenship: _____ and _____										<input type="checkbox"/>	

V. ACCORDING TO THE APPLICATION FORM I AM APPLYING FOR THE STUDY PROGRAMME											
UNIVERSITY OF NOVOMESTO FACULTY OF HEALTH SCIENCES										<input type="checkbox"/>	
PARTIAL TRAINING STUDY PROGRAMME - Second Cycle										<input type="checkbox"/>	

VI. Highest Obtained Education	
High/Secondary School Institute Name _____	

City _____	Country _____
School Programme _____	
General/Vocational _____	
Type of Final Degree Obtainment (encircle/enter if applicable)	
1 - Exit Exam _____	3 - Vocational Matura (Secondary School Certificate) _____
2 - Matura (Secondary School Certificate) _____	4 - Other: _____
Graduation Year _____	
Matura Points Summary (all matura exams) _____	
3rd year overall final grade: _____	4th year overall final grade: _____

VII. Employment Information (not obligatory)		
Company/Organisation Title _____		
Job Title/Position _____		
Street and Street/House/Apartment Number _____		
Postal Code _____	City _____	County _____
Country _____	Telephone _____	Fax _____

Obligatory Application Addendum:

- A notary-certified copy of your matura certificate
- A notary-certified copy of your 3rd and 4th year overall final grade

If your education hasn't been finished yet you must enclose the addendum documents together with your programme application.

With the signature below I guarantee the veracity of all the information, presented in this application form. I confirm I am aware of the contents of the enrollment call and I agree to have my information used in accordance to the Higher Education Act (Ur.I.RS, št. 19/06), Personal Data Protection Act (Ur.I.RS, št. 86/04), and Central Population Register Act (Ur.I.RS, št. 72/06).

In (city) _____ On (date dd/mm/yyyy) _____

Wet Signature (free form, non-digital): _____