



**MAASTRICHT  
UNIVERSITY**



**MHPE Brasil**

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

**THIS ENVELOPE CONTAINS**

Application form

Certified diplomas

Name of applicant:

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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**



**A. Personal data**

**Family Name/surname** -----

First Name(s) -----

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

Mailing Address: -----

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Telephone Number Home -----

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

Email Address: -----

Home Address: -----

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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: -----

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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: -----  
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-----  
-----  
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-----  
-----  
-----

Describe responsibilities and tasks: -----  
-----  
-----  
-----

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

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

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**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:

-----  
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Date of decision: -----

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





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 -----  
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**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.

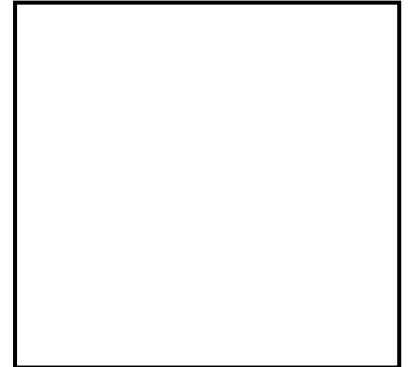
Signature of Applicant: ----- Date -----



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

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**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