**University of Bonn – Faculty of Medicine**

APPLICATION FORM

**Attachment 1 - General information**

|  |  |
| --- | --- |
| Surname, first name, title |  |
| Business address/telephone |  |
| Private address/telephone |  |
| Marital status |  |
| Number of children |  |
| Date of birth |  |
| Place of birth |  |
| Current position |  |
| University degree,field of study, university,final examination, date, result |  |
| Graduation, doctoral degree, university, date |  |
| Habilitation, subject area, date |  |
| Specialist doctor recognition(s), date |  |
| Additional designation(s), date |  |
| Experience in academic self-administration (e.g. committees, offices in the faculty/university) |  |
| Mother tongue German language skills |  None Basic knowledge Fluent in written and spoken language Business Mother tongue fluent |