

Berlin Emergency Exchange Program (BEEP) 2019

FORM 1 (Personal Information) ¹²

First Name:	
Surname:	
Sex:	
Date of birth: ³	
Place of birth:	
Country of origin:	
Nationality:	
Passport No.:	
Address:	
Phone:	
E-Mail:	

Do you need a visa to enter Germany?

Do you need a hostel reservation?
(7 nights, 05.-12.OCT.2019)⁴

Do you have any medical conditions, disabilities, allergies or food preferences we should know of in order to make your stay in Germany as smooth as possible?

Where did you hear from us (e.g. via friends, Facebook, Twitter, E-Mail)?

¹ The information will be handled confidentially and used only in the context of the application.

² This information will not be taken into account referring your application.

³ Please use the Gregorian calendar.

⁴ If you want to arrive earlier or stay longer, please organize your sleeping arrangements by yourself.

- V. For us to be able to make your stay as thrilling as possible we would like to learn about your practical medical skills. Please note that it is not required to be an expert (for what it's worth we need to teach you something anyway). A skill level of 4 means you have nothing more to learn and are perfect in handling a specific task!

	No	Yes	If Yes, please rate your skill level (1=beginner; 4=expert)
Can you draw blood?			
Can you intubate (model or human)?			
Can you interpret an ECG (med. student level, we are not cardiologists)?			
Can you perform BLS (Basic Life Support)?			
Can you perform ALS (Advanced Life Support)?			
Can you do skin sutures?			
Can you perform basic sonography?			

- VI. When in Germany, what places would you want to visit? What parts of the German culture are you interested in and is there anything you would like to see/experience during your stay?