

Hannover Medical School

Prof. Dr. Mechthild M. Groß

Midwifery Research and Education Unit, OE 9210 Carl-Neuberg-Str. 1

30625 Hannover

**Entry application form for the European Master of Science in**

**Midwifery at Hannover Medical School for Winter Term**

**1. Personal Details**

|  |  |
| --- | --- |
| FAMILY NAME:(married and) as stated on birth certificate |  |
| FIRST NAME(s):as stated on birth certificate |  |
| GENDER: |  FEMALE |  MALE |  DIVERS |
| DATE OF BIRTH & PLACE OF BIRTH: |  |
| CITIZENSHIP: |  |
| COUNTRY, WHICH ISSUED YOUR PASSPORT: |  |
| CORRESPONDENCE ADDRESS: |  |
|  |
| TELEPHONE: |  |
| FAX: |  |
| E-MAIL: |  |

**2. Details of Previous Education**

Please note, that you need a degree as a Bachelor of Science in Midwifery or another comparable degree in a discipline near the midwife profession for a successful application.

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| --- | --- |
| PROGRAMME (ORIGINAL NAME): |  |
| DEGREE: |  |
| DATE OF COMPLETION: |  |
| UNIVERSITY / INSTITUTION: |  |
|  |  |
|  |  |
| DATE OF ENROLLMENT: |  |
| FULL TIME STUDENT FOR |  YEAR(S) |
| RESULT GRADE / ECTS-GRADUATION (A-E): | RESULT GRADE: ECTS: |
| Did you achieve your degree in the regular time of studies? |  YES  NO |
| Have you ever ultimately failed an exam? |  YES  NO |
| If yes, in which subject/programme and at which university: |  |

Please outline shortly your personal background (schools, further activities, interests, further education not related to a specific field):

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Please outline shortly your professional background (studies at university, degrees, other education, professional related practical work and further education):

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**3. Knowledge of the English language**

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| --- | --- |
| ENGLISH IS MY MOTHER TONGUE: |  YES  NO |
| SUFFICIENT KNOWLEDGE OF ENGLISH:  |  YES  NO |
| PASSED ENGLISH LANGUAGE EXAM: |  |
|  | RESULT: \_\_\_\_\_\_\_\_\_\_  |

**4. Check-list:**

* Entry application form for the programme:
* Curriculum vitae, signed
* Certificate of officially recognised education as a midwife
* Certificate for at least one year of professional experience as full time working midwife or at least two years of professional experience as part time working midwife (at least 50%)
* Credentials (attestation as a Bachelor´s degree or comparable degree, Diploma supplement and Transcript of records, educational certificate, work certificate - **certified copies in English or German**)
* Certificate confirming a course in scientific methods with ECTS if not part of your academic degree
* Credentials for a German university qualification (if present)
* Credentials for knowledge of English e.g. from a longer period of staying abroad in an English speaking country or a degree in studies in English (certificates, documents – certified copies , if present)
* Credentials for other special qualifications, knowledge, skills, further education or studies abroad, etc.
* A current passport photograph
* Signed declaration of data protection

**5. Declaration**

I confirm that, to the best of my knowledge, the information given on this form is correct and complete. Should the information given by me in this entry application form be exposed as inapplicable, I will immediately inform the Hannover Medical School in written form.

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PLACE, DATE SIGNATURE

**Information relating to the protection of your data according to the EU-GDPR at Hannover Medical School (MHH)**

In line with the application for the European Master of Science in Midwifery (EuMSc Midwifery)

**Intended Purpose**

For handling your application documents for the EuMSc Midwifery personal data is gathered, stored and processed.

**Data source and access to your data**

Solely data which you have provided is accessed. These data will be forwarded to members of the admissions committee and the student’s secretary involved in the application process.

**Legal foundation for data processing**

Grounding on § 17 of the Lower Saxony Higher Education Act MHH is allowed to process personal data.

**Archiving**

Your Data will be stored in conjunction with the application process and according to the legal requirements deleted. In case of declined and accepted applicants the retention period constitutes three years respectively.

**Responsible post for processing data**

is MHH, represented by the executive committee.

Hannover Medical School E-mail: hebammenstudiengang@mh-hannover.de

Carl-Neuberg-Str. 1, D-30625 Hannover Tel.: +49 511/532-9619

**Rights of individuals affected during processing personal data according to the GDPR**

You have the right

* to receive confirmation as to whether personal data concerning you is being stored in accordance to art. 15 GDPR,
* to request that possible incorrect personal data is rectified in accordance to art. 16 GDPR,
* to demand erasure of your personal data when certain grounds for doing so exist in accordance to art. 17 GDPR,
* to have the processing of your data restricted in accordance to art. 18 GDPR, and a general right to object also against legitimate data processing in accordance to art. 21 GDPR provided that legal templates do exist.

**Complaints at the supervisory authority in case of incorrect data processing**

You have the right to file a complaint with the supervisory authority if you are of the view that your personal data is not being processed according to law. The address of the supervisory authority for the MHH is: Data Protection Officer for the State of Lower Saxony, Prinzenstraße 5, D-30159 Hanover

Contact to data protection officer at MHH:

Hannover Medical School E-mail: Datenschutz@mh-hannover.de

OE 0007 Tel.: +49 511/532-255

Carl-Neuberg-Str. 1, 30625 Hannover mobil: +49 1716/532-2555

I have read information on data protection according to EU-GDPR at Hannover Medical School and agree with the usage of my data.

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PLACE, DATE SIGNATURE