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| **نموذج الابتعاث للتدريب للزمالات والتخصص الدقيق (الأطباء البشريون)** |

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| **ضرورة إرسال هذا النموذج بعد تعبئته مع المرفقات المطلوبة من خلال الجهة التابع لها المرشح / المرشحة للابتعاث إلى عميد الدراسات العليا بفترة لا تقل عن أربعة أشهر من تاريخ بدء البعثة .** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **معلومات عن المرشح/المرشحة للابتعاث** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الاسم بالعربي :\*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **تاريخ ومكان الميلاد : \*** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Date & Place of Birth: \*** | | | | | | | | | | | | | | | | | | | | | |
| **الجنس : \*** | | | **اختيار** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **gender: \*** | | | |
| **رقم الهوية الوطنية : \*** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **I. D. Number : \*** | | | | | | | | | | | | |
| **الرقـم الوظيفـي : \*** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Job Number: \*** | | | | | | | | | | | | |
| **المسمى الوظيفـي : \*** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Job Title: \*** | | | | | | | | |
| **رقم قرار التعيين : \*** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **تاريخه: \*** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **الفترة التي أمضاها موظفا بالجامعة :** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **(ضرورة مضي عام على توظيف المرشح قبل الابتعاث)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **أمضى سنتين على تعيينه ؟** | | | | | | | | | | | | | | | | | | | **نعم  لا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **بيانات الاتصال** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الهـاتــف :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone:** | |
| **المكتب:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Office:** | |
| **الجوال : \*** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Mobile:** | |
| **البريد الإلكترونـي :** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **E-mail:** | |
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| **المؤهلات العلمية** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **م** | **الدرجة العلمية\*** | | | | | | | | | | **التخصص** | | | | | | | | | | | | | **الجهة التي حصل منها على المؤهل** | | | | | | | | | | | | | | | | | | **مكانها** | | | | | **سنة التخرج** | | | | | | | | | | | | | | **التقدير** | |
| **1** |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | |
| **2** |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | |
| **3** |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |  | |
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| **اللغة الأجنبية التي يجيدها المرشح / تجيدها المرشحة :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **اللغة :** اختيار عنصر. **درجة الإجادة :**  **ممتاز  جيد جداً  جيد  مقبول** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **اللغة :** اختيار عنصر. **درجة الإجادة :  ممتاز  جيد جداً  جيد  مقبول** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **لغـة التدريب : \*** اختيار عنصر. | | | | | | | | | | | | | | | | | | | | | **هل تجيدها؟  نعم  لا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **معلومات عن الجهة التابع لها المرشح/المرشحة للابتعاث** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **اسم الجهة: \*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **التخصص العلمي الذي تم إقراره للمرشح/المرشحة من قٍبل الجهة التابع/التابعة لها: \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **عدد أعضاء هيئة التدريس من السعوديين: \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **عدد أعضاء هيئة التدريس أو الاستشارية غير السعوديين: \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **عدد المحاضرين في القسم : \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **عدد المعيديــن في القسم : \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **عدد الدارسين أو المتدربين حالياً في التخصص الدقيق للمرشح: \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **معلومات عن البعثة** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **التدريب المطلوب: \*** | | | | | | | | | |  | | | | | **زمالة**  **Fellowship** | | | | | | | |  | | | | | **تخصص دقيق**  **Subspecialty** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Training:** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Training:** | | | | | | | |
| **التخصص العام باللغة العربية: \*** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **التخصص الدقيق باللغة العربية: \*** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **هل تم الحصول على قبول الدراسة؟ \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **نعم  لا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **مدة التدريب: \*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **تاريخ بدايته: \*** | | | | | | | | |  | | | | | | | | | | | |
| **اسم الجامعة أو المؤسسة: \*** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **الدولة: \*** | | | | | | |  | | | | | | **المدينة: \*** | | | | | | | |  | | | | | | | | | |
| **هل الجامعة أو المؤسسة معتمدة من وزارة التعليم؟ \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **نعم  لا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **شروط القبول:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **شرط اللغة؟** | | | | **نعم  لا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **إذا كان الجواب ب"نعم": هل تم الحصول على قبول لدراسة اللغة؟\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **نعم  لا** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **اسم الجهة: \*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | **مدته: \*** | | | | | | | | |  | | | | | | | | | | | | | **بدايته: \*** | | | | | | | |  | | | | | |
| **اسم المرشح: \*** | | | | | |  | | | | | | | | | | | | | | | | | | | | **توقيعه:** | | | | | | | | | ................................. | | | | | | | | | | | | | **التاريخ:** | | | | | | | | **‏27‏/07‏/16** | | | | | | |
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| **ما مدى علاقة الدراسة بمهام وظيفة المرشح** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **قوية** | | | | | | | | | |  | | | | | **قوية إلى حد ما** | | | | | | | | | | | | |  | | | | | | | **ضعيفة** | | | | | | | |  | | | **لاتوجد** | | | | | | | | | | | | | | |
| **التوصية بالابتعاث** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الموافقة  عدم الموافقة** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **الاسباب:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **رقم الجلسة: \*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **تاريخها:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **مدير الجهة المسئولة: \*** | | | | | | | | | | | | | |  | | | | | | | | | | | **الاسم:** | | | | | | | |  | | | | | | | | | | | | | **التوقيع:** | | | | | | ..................... | | | | | | | | | | |

**والله ولي التوفيق ،،،**

**علامة(\*) تعني ان الحقل مطلوب**

**المستندات المطلوبة وإجراءات ابتعاث الموظفين :**

1. **نموذج الابتعاث لتدريب الموظفين بعد استكمال جميع البيانات وتكون مطبوعة .**
2. **صورة واضحة من بطاقة العائلة أو الأحوال.**
3. **صورة قرار التعيين موضحا به الرقم والتاريخ.**
4. **صورة المؤهلات العلمية والتدريبية.**
5. **أن يجيد المبتعث لغة التدريب**
6. **صورة خطاب القبول من الجامعة أو المؤسسة المراد التدريب لديها وكذلك وصف لمحتوى الدورة .**
7. **نموذج التعهد بالعمل بالجامعة بعد انقضاء البعثة (رقم ث – 7 ) .**
8. **موافقة ولي أمر المبتعثة والتعهد بمرافقتها في مقر البعثة النماذج (رقم ث – 8 ، رقم ث – 9 ، رقم ث - 10 )**
9. **عدد (10) نسخة من كامل المعاملة من غير الأصل .**
10. **يرسل الملف مكتمل إلي عمادة الدراسات العليا**
11. **يعرض علي اللجنة الدائمة للابتعاث والتدريب**
12. **موافقة معالي مدير الجامعة علي محضر اللجنة**
13. **صدور القرار التنفيذي للابتعاث**
14. **ملاحظة (على الكلية أو الجهة التي يتبع لها الموظف ملاحظة مدى انطباق شروط ابتعاث الموظفين على المتقدم للابتعاث والتدريب الموضحة في بند شروط الابتعاث قبل الرفع لعمادة الدراسات العليا) وأن يتم رفع الطلب بمدة لا تقل عن شهرين من تاريخ بداية البرنامج التدريبي .**