



Medizinische Fakultät • L • Geissweg 5/1 • D-72076 Tübingen

Dean of Medical Education  
Prof. Dr. Stephan Zipfel

Dr. Tim Schöne  
Office of Student Affairs  
Human and Dental Medicine

Dr. Martina Ebi  
Telefon +49 7071 29-76485  
Telefax +49 7071 29-5434  
martina.ebi@med.uni-tuebingen.de

Az.:L\_2022-12-06\_Call\_UQ

## Call for Application

The Medical Faculty, Tübingen, is glad to offer 6 **observerships** or **clinical electives** for medical students of its partner university, the University of Queensland, in 2023. Tübingen is a lovely small university town in Southern Germany.

Date: June 2023 – May 2024  
Duration: min. 4 weeks  
Place: [Tübingen University Hospital](#)  
Placements: Internal Medicine (Intensive Care Unit), Anaesthesiology, Gynaecology, Invasive Radiology, Neurosurgery, other disciplines on demand  
Language: English, German knowledge of advantage  
Accommodation: To be organized by the students themselves (youth hostel, hotel)  
Buddy program: Students from Tübingen University will welcome you and help you with questions of daily life  
Short-time German language course available for a group of min. 4 students coming simultaneously  
Application: Please hand in the documents listed in the attachment 6-4 months prior to your intended stay.

Looking forward to welcoming you to Tübingen!



## Policies and Procedures for Visiting International Exchange Students

The following is a checklist of documents and information which we ask you to provide for medical non-EU students nominated to come to Tübingen for practical training:

- CV in German or in English
- Application Form: Please use the form attached.
- Copy of enrolment/matriculation certificate
- Declaration of Certificate of Enrolment filled and stamped by your home University: Please use the form attached.
- Bank or sponsor verification of personal funds (861 Euro per months) in English
- Dean's Letter of Recommendation
- Declaration of consent for the electronic processing of data: Please use the form attached
- Proof of Measles Immunization (use attached form)
- Proof of full COVID-19 vaccination with an EU acknowledged vaccine
- Copy of your passport's biographical page and photo.
- Passport photo in jpg-Format
- Proof of health insurance (*including repatriation of remains*) which must cover dates of stay at Tübingen
- Proof of accident insurance which must cover dates of stay at Tübingen
- Proof of liability insurance which must cover dates of stay at Tübingen.
- Liability waiver: Please use the form attached

Receipt of these documents in a timely manner is appreciated.

The complete package of the documents including Original Certificate of enrolment should be sent 6 months before the start of the practical training. In other case students will not be allowed to start their clerkship in time.

*\*Note: Malpractice insurance is provided to exchange students by the Medical Faculty of Tübingen*

The documents should be sent to the following address:

Dr. Martina Ebi  
martina.ebi@med.uni-tuebingen.de  
Dean's Office of Student Affairs  
Human and Dental Medicine - International  
Geissweg 5/1  
D- 72076 Tübingen



**Application Form**

Name Surname \_\_\_\_\_

Date / Place of Birth: \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone \_\_\_\_\_

Citizenship \_\_\_\_\_ Gender m  w

Home-University \_\_\_\_\_

Year of Study \_\_\_\_\_

The Dates of your stay in Germany (dd.mm.yyyy-dd.mm.yyyy) \_\_\_\_\_ - \_\_\_\_\_

Disciplines, you would like to do the internship in: \_\_\_\_\_

Date \_\_\_\_\_  
Signature \_\_\_\_\_



Please pass this application form together with other documents required to us as early as possible.

## Erklärung zur Immatrikulationsbescheinigung // Declaration of Certificate of Enrolment

**Universität/Hochschule // University/college**    **Studierender // Student**

**Studiengang // Course of study**

1 Bezeichnung // Name of university/college

6 Vorname // Name

10 Studienfach // Subject

2 Anschrift // Address of university/college

7 Nachname // Surname

11 Regeldauer Studium // Standard period of study  
Jahre // Years

3 Telefon // Telephone

4 E-Mail // e-mail

8 Geburtsdatum // Date of birth

12 Eingeschrieben seit // Enrolled since  
(TT.MM.JJJJ) // (DD.MM.YYYY)

5 Website // Website

9 Staatsangehörigkeit // Nationality

13 Voraussichtliches Studienende // Expected end of study  
(TT.MM.JJJJ) // (DD.MM.YYYY)

### Die Bundesagentur für Arbeit benötigt die folgenden Angaben für die Genehmigung // The German Federal Employment Agency requires the following information for the approval of

einer Ferienbeschäftigung // a vacation job

14 Offizielle Semesterferien // Official semester break

von // begin

bis // end

(TT.MM.JJJJ) // (DD.MM.YYYY)

15 Fortsetzung des Studiums nach den Semesterferien // Continuation of studies after semester break

Ja // Yes

Nein // No

eines studienfachbezogenen Praktikums // an internship related to the field of study

16 Angestrebter akademischer Grad // Expected academic degree

Bachelor // Undergraduate

Master // Graduate

Doktorand // Postgraduate

andere Hochschulbildung (Mindestlaufzeit 3 Jahre) // Other higher education (min. duration 3 years)

17 Die Studienordnung beinhaltet ein Pflichtpraktikum von mindestens //  
Study regulations include a mandatory internship of at least

Stunden //  
hours

Wochen //  
weeks

Monate //  
months

trifft nicht zu //  
not applicable

(Bitte entsprechenden Auszug aus der Studienordnung beilegen // Please enclose the relevant details from the study regulations)

18 Davon wurden  
Of which

Stunden //  
hours

Wochen //  
weeks

Monate bereits absolviert //  
months have already been completed

19 Datum // Date

20 Unterschrift und Stempel der Universität/Hochschule // Signature and stamp of the university/college



\*S1\*



# Einverständniserklärung zur elektronischen Verarbeitung der Daten // Declaration of consent for the electronic processing of data



**Hinweis** Zutreffendes bitte ausfüllen oder ankreuzen. Pflichtfelder sind mit Stern\* markiert. // **Note** Please complete or tick as appropriate. Mandatory fields are marked with an asterisk\*.

Für die Bearbeitung Ihres Antrags benötigen wir eine Kopie Ihres Reisepasses, um Ihre Identität eindeutig feststellen zu können. Mit diesem Formular erklären Sie Ihr Einverständnis, dass Ihr zukünftiger Arbeitgeber die Passkopie in elektronischer Form an die Bundesagentur für Arbeit übersenden darf<sup>1</sup>. //

To process your application, we require a copy of your passport to clearly establish your identity. With this form, you declare your consent that your future employer may send the passport copy in electronic form to the Federal Employment Agency<sup>1</sup>.

## Angaben zur Person // Personal details

1 Vorname // Name

2 Nachname // Surname

3 Geburtsdatum // Date of birth

## Angaben zum Unternehmen // Company details

4 Name des Unternehmens // Company name\*

5 Straße// Street\*

6 Hausnummer // Number\*

7 Postleitzahl// Postcode\*

8 Ort // City/Town\*

## Einverständniserklärung // Declaration of consent

Hiermit erkläre ich, dass das oben genannte Unternehmen einen Scan meines Reisepasses auf das Online-Portal der Bundesagentur für Arbeit hochladen darf. //

I hereby declare that the company mentioned above may upload a scan of my passport on the online portal of the German Federal Employment Agency.



**Hinweis** Ihre Ausweisdaten werden lediglich zur Bearbeitung genutzt und unmittelbar nach der Verarbeitung gelöscht. // **Note** Your ID data will only be used for processing and will be deleted immediately after processing.

9 Ort // City/Town\*

10 Datum // Date\* 11 Unterschrift // Signature

<sup>1</sup> Sind Sie mit einer elektronischen Übersendung nicht einverstanden, informieren Sie bitte Ihr künftiges Unternehmen. Sie können in diesem Fall eine Kopie Ihres Reisepasses per Post an die Bundesagentur für Arbeit senden. Die Anschrift erhalten Sie von Ihrem künftigen Arbeitgeber. //

<sup>1</sup> If you do not agree with the upload of your passport, please inform your future company. In this case, you can send a copy of your passport by post to the Federal Employment Agency.



\*S1\*



**Liability waiver**

**Internship/Clinical Elective**

I hereby agree that Eberhard Karls Universität Tübingen, Faculty of Medicine, assumes no responsibility or liability for any claim or cause of action on account of personal injury, accident, damage to person or property, expenses or other loss caused, suffered or incurred by my stay during my Internship/Clinical Elective, arising out of or in any way associated, directly or indirectly, with my participation and my placement with an off-campus accommodation. I shall hold Eberhard Karls Universität Tübingen, Faculty of Medicine, its agent, employees, and staff harmless of and against any and all such liability and responsibility including but not limited to any living arrangements incidents.

I am aware of the fact that I have to take out a sufficient Health and Accident Insurance (including repatriation of remains) that covers the dates of my stay in Tübingen during my Internship/Clinical Elective and confirm that I will do so. If requested by Eberhard Karls Universität Tübingen, Faculty of Medicine, I will submit the Health Insurance Policy.

The waiver in this paragraph does not apply to the extent that EKUT, its agents, employees and staff cause any such personal injury, accident, damage to person or property, expenses or other loss through negligence, misconduct, illegal or wilful acts or omissions.

Student's Name (in block letters): \_\_\_\_\_

\_\_\_\_\_ date

\_\_\_\_\_ Signature



Name, First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Certification of the Measles Immunity Status according to §20 (8-14) German Infection Protection Act (Infektionsschutzgesetz - IfSG)**

Dear Mr. /Mrs. (f/m/d)\* \_\_\_\_\_ (\*delete as applicable)

You have had your measles immunity status checked on \_\_\_\_\_ (date). This resulted in the **following evaluation of your immunity situation:**

- Sufficient immunity against measles can be assumed (double vaccination or serological proof of immunity)
- Sufficient immunity against measles **cannot** be assumed
- Due to a medical contraindication it is **not possible** to vaccinate

---

Doctor's name in printed letters: .....

Address: .....

Date & Signature of Doctor: .....

Stamp