**蒙彼利埃大学Université de Montpellier**

**健康管理博士DHM**

**Doctorate in Health Management**

报名表

APPLICATION FORM

1. **Personal Information**

Photo

2-inch

Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender：□ Male □ Female

Nationality：□ China □ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth：\_\_\_\_\_\_\_\_ Day/\_\_\_\_\_\_\_\_\_Month/\_\_\_\_\_\_\_\_\_Year

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

ID Number：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I am not available, please contact

(Mr./Ms./Dr.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Work Experience**

Full-time work experience years months

Management experience \_\_\_\_\_\_\_\_ years months（＊Until the start of the Program）

Work Experience: Current Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Employer's Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*（If you have had different positions in your current organization, you only need to give information about the current one）*

Length of Time in position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months

Number of Subordinates \_\_\_\_\_\_\_\_\_\_\_\_

**Describe your present duties and responsibilities.**

Please list your full-time employment experience in reverse chronological order. (\*If necessary, please use additional paper)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From(mm/yy)** | **To(mm/yy)** | **Organization** | **Position** | **Primary Responsibility** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**C. Education Background**

Please complete the following information regarding every university or college you have attended in turn（＊include Bachelor and Master. If necessary, please use additional paper）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **University/Country** | **From (Year)** | **To (Year)** | **Major** | **Qualification obtained** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please list any prizes, or similar distinctions in scholarships gained during your academic career.

|  |  |  |
| --- | --- | --- |
| **NAME OF**  **PRIZE / SCHOLARSHIP** | **AWARDING INSTITUTION** | **YEAR** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**D. Additional Information**

Will your company sponsor your tuition fee?

□ Full-sponsored □ Partly-sponsored □ Self-sponsored

Have you ever been convicted of, or pled guilty to, a felony or a misdemeanor in any country?

□ No □ Yes. Please explain the circumstances

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Motivation

1. What do you want to obtain from this DHM Program? （multiple choices）

□ Health Management Knowledge

□ Alumni resources

□ Cooperation opportunities

□ Training opportunities

□ Job-Hopping platform

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Besides face-to-face courses, which form of the course do you prefer?

□ Lecture (big class)

□ Seminar (small discussion)

□ Foreign study tour

□ Corporation and business visit

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the current difficulty in your current medical industry?

□ New product development

□ Large capital investment

□ Getting started

□ Dual dependence on natural resources and technical resources

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What kind of platform do you think will help your career go further?

□ Funds

□ Technology

□ Development of new products, technologies or new materials

□ Product Certification

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What aspects of education do you think DHM should focus on? (multiple choices)

□ Health management knowledge

□ Systematic business knowledge

□ Creative thinking

□ International vision

□ Leader's social responsibility

□ Put knowledge and skills into practice

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following courses you are most interested in? (Briefly explain the reason)

□ Corporate Finance and Governance

□ Entrepreneurship

□ Medical system supply chain management

□ Systematization of health management information

□ Strategic Health Management

□ Health Management Services and Marketing

□ Medical risk management

□ Medical Customer Relationship Management

□ Human Resource Management

□ Health care system: an international perspective

□ Research methodology

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What achievements have you made in your current work? Please make a short introduction.
2. What do you think of the development of your company’s industry?
3. Self-evaluation (including your strengths and weaknesses):
4. What are your expectations for the future work of the alumni association?

**Declaration Letter**

I hereby declare that all the information given in this application, including that in the supplementary documents, is, to the best of my knowledge, accurate and complete; and I agree to provide original certificate(s) for verification when required. I further certify that all the essays are entirely and exclusively my own work and that no documents have been falsified. I am aware that any misrepresentation or material omission in my application will result in the denial of admission or the cancellation of student status, and no refund of fees paid.

I understand that materials received by Université de Montpellier about this application become the property of Université de Montpellier, as such, none of the materials are returnable. I authorize Université de Montpellier to check on records of my previous studies at other institutions.

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

****