

The DataFlow Group Applicant Assist Service

Please read the below instructions carefully before filling in the application form:

- If you opt for this offline application, there will be an additional charge of **146 QAR**.
- You can apply through our online application www.dfgsch.com without paying an additional fee.
- Only application forms in English will be accepted.
- Fields marked with * are mandatory and must be filled.
- Your case will be completed within 20 working days (approximately). If you would like to speed up the verification process, you can select the 'Express Service' on page 3.
- Once you fill this application form and sign the Letter of Authorization, you can send it along with your documents that need to be verified via email to: cseqatar@dataflowgroup.com
- Our customer service executive will check your application form and documents, and post that share the payment link on your registered email ID to make the payment.
- Please note that the payment should be done within **48 hours** of receiving the payment link.
- After processing the payment, you will receive a confirmation email with the payment receipt and DataFlow will start the verification process.

Personal Details: Please give your name in full (as per your Passport/ National ID) and recognized alternatives where applicable i.e.Maiden Name (i.e. Family Name / Last / Surname before marriage) should be provided where appropriate.

(FORM TO BE FILLED IN BLOCK / CAPITAL LETTERS ONLY)

* Family Name (Last / Surname)			
* Given Name (First Name)			
* Date of Birth (dd/mm/yyyy)		Place of Birth	
* Passport No.		* Nationality	
National Identity Card No.		* Gender	<input type="radio"/> Male <input type="radio"/> Female
City		* Email Address	
Area		Country	
* Mobile Number with Country Code			
Current Address (Full Address)			

* Application For	<input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health <input type="checkbox"/> Pharmacist <input type="checkbox"/> Complementary Medicine <input type="checkbox"/> Trainee with no experience <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Visiting Doctor - Physician <input type="checkbox"/> Visiting Doctor - Dentist
* Application Type	<input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Report Transfer + Additional <input type="checkbox"/> Retrospective
* Major	
* Profession	

**Additional Optional Services**

<input type="checkbox"/>	Express Service - Your case will be completed within 14 working days for an additional fee of 492 QAR . If we fail to do so, we will refund you the Express Processing Fee.
<input type="checkbox"/>	SMS Service - You will receive regular messages to your phone related to the checks and status of your case as it progresses for a fee of 9.47 QAR .

For the following sections, please provide the **full clear name** of the institution attended. Indicate clearly your qualification and the **exact name** of the qualifying body. **Do not use abbreviated terms or initials.**

Education Details - 1
"Diploma/Bachelor/Postgraduate"

* Name as per Certificate	
	(If the certificate name is different than the name as per passport, then please submit the relevant name change document)
* University/Institution Name	
* University Country	
* Qualification Attained	
* Graduation or Issue Date	
* Mode of Study	
* Duration of Program (Years and Months)	

Education Details - 2
"Diploma/Bachelor/Postgraduate - When Applicable"

* Name as per Certificate	
	(If the certificate name is different than the name as per passport, then please submit the relevant name change document)
* University/Institution Name	
* University Country	
* Qualification Attained	
* Graduation or Issue Date	
* Mode of Study	
* Duration of Program (Years and Months)	

Health License Details - 1	
Please provide details of the relevant License issued by the Regulatory Body of the specific country of the last work experience	
* Issuing Authority Name	
* Issuing Authority Country	
* Professional Title	
* License Issue Date	

Health License Details - 2 (if required)	
Please provide details of the relevant License issued by the Regulatory Body of the specific country of the last work experience	
* Issuing Authority Name	
* Issuing Authority Country	
* Professional Title	
* License Issue Date	

Health License Details - 3 (if required)	
Please provide details of the relevant License issued by the Regulatory Body of the specific country of the last work experience	
* Issuing Authority Name	
* Issuing Authority Country	
* Professional Title	
* License Issue Date	



Experience Details		
Please provide full details of previous employers starting in order from the last current employer.		
Employer Details - 1		
* Issuing Authority Name		
* Issuing Authority Country		
* Start Date		
* End Date		
* Job Title / Designation	Department	
Employer Details - 2		
* Issuing Authority Name		
* Issuing Authority Country		
* Start Date		
* End Date		
* Job Title / Designation	Department	
Employer Details - 3		
* Issuing Authority Name		
* Issuing Authority Country		
* Start Date		
* End Date		
* Job Title / Designation	Department	
Employer Details - 4 (if required)		
* Issuing Authority Name		
* Issuing Authority Country		
* Start Date		
* End Date		
* Job Title / Designation	Department	
Employer Details - 5 (if required)		
* Issuing Authority Name		
* Issuing Authority Country		
* Start Date		
* End Date		
* Job Title / Designation	Department	

Additional Document Details
(If Requested by the Department of Healthcare Professions (DHP) - Ministry of Public Health (MOPH) - State of Qatar)

Good Standing Details	
Details of Good Standing Certificate to be verified	
* Issuing Authority Name	
* Issuing Authority Country	
* Professional Title	

Surgical Log Book	
* Issuing Authority Name	
* Issuing Authority Country	
* Job Title / Designation	

Document / Information Checklist

The following documents are mandatory . Please note that the verification request will not be processed if this information / documents are not provided.		<i>Submitted</i>
(Please provide clear and legible copies of the documents including the University logo)		
1	Application form duly filled in its entirety	<input type="checkbox"/>
2	Signed letter of authorization	<input type="checkbox"/>
3	Valid Passport Copy/ies	<input type="checkbox"/>
4	Name change certificate, if applicable (Marriage certificate, affidavit, any legal document, etc.)	<input type="checkbox"/>
5	Qualification certificates copies (original & translated copy) along with copies of mark sheets/Transcript of Records.	<input type="checkbox"/>
6	Front and reverse side of degree certificates	<input type="checkbox"/>
7	Experience letters from previous employers	<input type="checkbox"/>
8	Copy of Health License	<input type="checkbox"/>
9	Copies of Good Standing Certificate/Surgical Log book (Additional or if requested by QCHP)	<input type="checkbox"/>

Letter of Authorization

I hereby authorize the DataFlow Group, its authorized affiliates, agents and subsidiaries acting on its behalf, to verify the information and documents presented with my application form; including, but not limited to, education, employment and licenses.

I hereby grant authority for the bearer of this letter (the DataFlow Group, its authorized affiliates, agents and subsidiaries) to obtain the information requested.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I confirm and acknowledge that a photocopy of this authorization be accepted with the same authority as the original.

I acknowledge the right for the Information Recipient to disclose my information to a third party.

I acknowledge that I have read and hereby agree to the collection, use, processing and transfer of data about me in accordance with the DataFlow Group Applicant Privacy Policy, a copy of which is available on the Dataflow Group website.

www.dataflowgroup.com/applicant-privacy-policy

خطاب التفويض

انا الموقع ادناه افوض شركة داتافلو، ومن تفوضه رسمياً، للتحقق نيابة عني في المعلومات والوثائق المرفقة بطلبي بما في ذلك على سبيل المثال لا الحصر على الشهادات العلمية، والخبرات الوظيفية والرخص المهنية من الجهات المصدرة لهذه الوثائق والشهادات.

وبموجب هذا التفويض، أمنح الحق لحاملي هذا الخطاب (شركة داتافلو، ومن تفوضه رسمياً لذلك). الحصول على جميع المعلومات الخاصة بي.

وتشمل هذه المعلومات والوثائق المطلوبة على سبيل المثال لا الحصر على تواريخ الدراسة، والمعدل التراكمي، والدرجة أو الشهادة العملية، والمسمى الوظيفي، ومدة الخدمة، والترخيص المهني، وحالة الترخيص، ومكان الإصدار، وأية معلومات أخرى ضرورية لإجراءات التحقق من المعلومات و الوثائق المقدمة من قبلي.

وأقر بأن أخطي مسؤولية جميع الأشخاص أو الجهات الطالبة لهذه المعلومات من أي مسؤولية قانونية قد تنشأ عن ذلك. وأوافق على أن تكون صورة هذا الخطاب مثل الأصل.

كما أفوض مستلم المعلومات الكشوف عن هذه المعلومات إلى أي طرف ثالث ذات علاقة.

أقر بأنني قد قرأت خطاب التفويض وبهذا اوافق على ان يتم جمع واستخدام ومعالجة ونقل البيانات الخاصة بي وفقاً لسياسة الخصوصية المتعلقة بمقدمين الطلبات والتي يوجد منها نسخة متاحة على الموقع الإلكتروني.

www.dataflowgroup.com/applicant-privacy-policy

Name (First/Middle/Last) ----- الاسم (الأول / الثاني / العائلة)

Date ----- التاريخ

Signature التوقيع