

**CLINICAL IMMERSION**

**SUBJECT TO AVAILABILITY**

**IDENTITY**

Mr       Miss       Interne       Dr.       Pr.

**NAME :** ..... **Firstname :** .....

**Birth date :** ..... **Nationality :** .....

**ADDRESS**

Home Adress : .....

City : ..... Country : .....

Cellphone : .....

Mail : .....

**INFORMATIONS**

Did you already come in our Department?       Yes       No

*If yes, were you:*       Interne       Doctor observor       Other .....

Speciality: .....

**PERIOD OF INTERNSHIP (min. 1 week / max. 2 weeks)**

**How many weeks :**       week(s)

From : ..... Up to: .....

**You must attach at this form the following documents :**

- **photo ID,**
- **curriculum vitae,**
- **copy of your diplomas** (in english or translated in french if possible...)
- **certificate in insurance** (hospital or personal insurance)

**Documents to be sent:**  
Virginie GUEDDAH : [virginie.gueddah@gustaveroussy.fr](mailto:virginie.gueddah@gustaveroussy.fr) ou  
Laurence DENECHERE : [Laurence.DENECHERE@gustaveroussy.fr](mailto:Laurence.DENECHERE@gustaveroussy.fr)  
Pole de Chirurgie, 114 rue Edouard Vaillant CEDEX – France- Tél : 0142114211

Gustave Roussy not arranging an accommodation, you will find a solution before your internship.  
For any modifications, thank you for informing us **quickly**.