**Information form for teachers of PhD courses provided by ClinFO**

***Full-time employees at Department of Clinical Medicine as well as PhD students should not fill out the information form.***

|  |  |
| --- | --- |
| **PhD course:** | **Course no.:** |
| **Name:** | **Phone:** |
| **Gender: Male:**  **Female:** | **Date of birth (day-month-year):** |
| **Private address:** | **Postcode and city:** |
| **Occupation + degree:** | **Email:** |

|  |  |  |  |  |  |
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| Are you an employee of Aarhus University? **(tick the relevant box)** | | | | | |
| **Yes, full-time:** | | Your fee will be transferred to your department – please fill in the information below (department/sted/projeky/aktivitet) | | | |
| Department/section: | | Location no.: | Project no.: | | Activity no.: |
| **Yes, part-time:** |  | If you have a Danish CPR-no., the fee will be transferred automatically to your Danish bank account:  Otherwise, please fill in your bank account information below: | | | |
| **No:** |  |
| Name of bank: | | | | Address of bank: | |
| Country: | | | | Currency of bank account: | |
| Account holder’s name: | | | | Account holder’s address: | |
| Account number: | | | | SWIFT/BIC (8 or 11 characters): | |
| IBAN no.: | | | |  | |
| ABA/Routing no./Fed Wire (9 characters) – **ONLY** for transfers to the USA or Canada: | | | | | |
| CC Bank registration code – **ONLY** for transfers to Canada: | | | | | |
| Sort code / BSB code (6 characters) – **ONLY** for transfers to New Zealand, Australia or South Africa: | | | | | |
| IFSC no. – **ONLY** for transfers to India | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration of hours taught** | | | | | | | |
| **Dates**  **Teaching** |  |  |  |  |  |  | **Total number of hours:** |
| Lectures |  |  |  |  |  |  |  |
| Practical teaching |  |  |  |  |  |  |  |
| Course leader hours\* |  |  |  |  |  |  |  |
| Presence for course leader |  |  |  |  |  |  |  |
| Other\*\* |  |  |  |  |  |  |  |

*\* Planning and coordinating - maximum 5 hours per day and 20 hours in total*

*\*\* Reading of exam assignments etc.*

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**Date / Teacher’s signature**

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**Date / Course leader’s signature**

*The filled out and signed information form has to be scanned*

*and sent to Pernille Brink Csösz, Department of Clinical Medicine,* [*pbc@clin.au.dk*](mailto:pbc@clin.au.dk)