**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.***

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| **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*