

**A. APPLICANT'S CONTACT INFORMATION:**

<b>Name Surname</b>	
<b>ID Number</b>	
<b>Phone Number</b>	
<b>E-mail Address:</b> <i>(We will be able to respond you faster if you choose the e-mail method.)</i>	
<b>Address:</b>	

**A. PLEASE INDICATE YOUR RELATIONSHIP WITH OUR COMPANY** (*Patient Relatives, Private Nurses, business partners, employee candidates, ex-employees, third-party company employees, shareholders*)

**B.**

<input type="checkbox"/> Patient <input type="checkbox"/> Patient Relatives <input type="checkbox"/> Service Provider/Supplier	<input type="checkbox"/> Employee <input type="checkbox"/> Ex - Employee <input type="checkbox"/> Other: ..... .....
You are in contact with our company Unit:..... Subject: ..... .....	

<input type="checkbox"/> Ex - Employee	<input type="checkbox"/> Job application / I Shared My Resume
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<p><i>Employed in between (Year:</i>  .....  <input type="checkbox"/> Other:  .....  .....</p>	<p><i>Date :</i>  .....  .....  <input type="checkbox"/> I am a Third Party Company Employee  <i>Please indicate the company and position information you work for.</i>  .....  .....</p>
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eliminate legal risks that may arise from illegal and unfair data sharing and specially to ensure the security of your personal data. In the event that the information regarding your requests you submit within the scope of the form is not correct and up-to-date or an unauthorized application is made, our Company does not accept any liability for such false information or requests arising from unauthorized applications.

Applicant (Personal Data Owner)

Name - Surname :

Application Date :

Signature :