

# Hospital Application Form to join the EAHP-EPSA Internship Platform



Please submit this form to the EAHP Platform Coordinator at [intern@eahp.eu](mailto:intern@eahp.eu) if you wish to join the EAHP-EPISA Internship Platform and host international interns at your hospital.

## General information

<b>Name of the hospital</b>	
<b>Full address</b>	
<b>City and country</b>	
<b>Website</b>	
<b>Director of the hospital pharmacy (first name, last name, email, phone)</b>	
<b>Contact person of the hospital pharmacy (first name, last name, email, phone)</b>	
<b>Date of submitting this form</b>	

## Hospital Pharmacy Questionnaire

### Type of hospital:

- General hospital  
 University hospital

### Number of beds:

- <100  
 100 – 199  
 200 – 500  
 > 500

### How many interns per year are you able to host?

- 1  
 2  
 3  
 Other (please state how many: 1 – 2, 4,..): \_\_\_\_\_

### Preferred duration of the internship (please mark all that apply):

- < 1 month  
 1 month  
 2 months  
 3 months  
 > 3 months

### Activities offered to interns (please mark all that apply):

- An intern will shadow a pharmacist in all hospital pharmacy areas  
 An intern will shadow a pharmacist in one specific pharmacy area (please specify if possible): \_\_\_\_\_

- Assigning a specific project with a practical use in the pharmacy  
 Clinical pharmacy on the ward  
 Other (please specify): \_\_\_\_\_

### Areas of activity of the pharmacy (please mark all that apply):

- Traditional compounding/ small scale production  
 Artificial nutrition  
 Drug purchase and distribution  
 Holding emergency stock  
 Drug information  
 Clinical trials  
 Drug budgeting  
 Drug use evaluation  
 Medical devices  
 Outpatient services  
 Oncology  
 Other (please specify): \_\_\_\_\_

**Language requirements (please mark all that apply):**

- English  
 Local language: \_\_\_\_\_  
 Other languages (please specify):  
\_\_\_\_\_

**Are you able to provide any reimbursement for the intern?**

- Yes (please specify): \_\_\_\_\_  
 No

**Is insurance required for the internship?**

- Yes  
 No

**If yes, is the hospital offering an in-house insurance to the intern?**

- Yes, for free  
 Yes, for a fee (approximately \_\_\_\_\_ €)  
 No

**If the hospital is not offering an in-house insurance, is there a possibility to purchase one locally?**

- Yes  
 No

**Is there availability of:**

- Hospital housing  
 Student housing (university hospital)  
 Other preferred housing  
 None

**Are you able to assist interns in finding accommodation?**

- Yes  
 No

**Are Erasmus+ internships possible?**

- Yes, these internships are preferred  
 Yes  
 No

**Additional information, for example a short introduction about your hospital. Please state also if you are able to host interns only at a specific time of the year.**

**Signature and name of the contact person of the hospital pharmacy:**

\_\_\_\_\_

**Date and place:**

\_\_\_\_\_

Thank you for providing the information and joining the EAHP-EPSA Internship Platform!

Please submit the application to the EAHP Platform Coordinator at [intern@eahp.eu](mailto:intern@eahp.eu) who will contact you soon and add you to the Internship Platform.