

## Form „Employee Referral Program“

This form must be signed by the applicant and be submitted together with the application documents.

If you have any questions about the program, please feel free to contact:

Tina Falkenberg, email: [talente@altano-gruppe.de](mailto:talente@altano-gruppe.de)

### Applicant details

Name, Surname

Address

Signature of Applicant

I apply for the following scope of work:

- Full time
- Part time 20 or more hours a week
- Part time less than 20 hours a week. Number of hours: \_\_\_\_\_

### Employee details

Name, Surname

Employer/Clinic/Practice

I confirm that I have recruited the above-mentioned applicant for the Altano Group according to the currently valid conditions of participation.

Date, Signature of the employee

