

General Information (personaliaskjema)

PLEASE USE CLEAR CAPITAL LETTERS

FEMALE		PARTNER	
SURNAME:		SURNAME:	
FIRST NAME:		FIRST NAME:	
PERSONAL NUMBER:		PERSONAL NUMBER:	
NATIONALITY:		NATIONALITY:	
ADDRESS:		ADDRESS:	
POSTAL CODE:		POSTAL CODE:	
PHONE:		PHONE:	
DOCTORS NAME:		DOCTORS NAME:	
MEDICAL CENTER:		MEDICAL CENTER:	
ADDRESS:		ADDRESS:	
POSTAL CODE:		POSTAL CODE:	
PHONE MEDICAL CENTER:		PHONE MEDICAL CENTER:	
PROFFESION: (FEMALE)		PROFFESION: (PARTNER)	

NAME AND ADDRESS OF EMPLOYER, FEMALE (for any necessary sickleave):**TIME POSITION IF LESS THAN 100%:**