

CANDIDATE APPLICATION FORM



Educational program on Thalassemia

Archbishop Makarios III Hospital Thalassaemia Clinic

Coordinated by Dr. Soteroula Christou

10th – 14th October 2022

Please complete all parts of the Application form

THE CANDIDATE

Name: Surname:

Specialisation:

Category (junior/senior¹):

Function:

Hospital where the participant is employed

- Name:
- Address:
- Email:
- Country:

¹ This category is defined by the hospital as employer



- ERN Member or Affiliated Member:

If you have a disability, do you require any assistance during the preceptorship? Yes No

Details of the assistance needed: _____

The application form, A Curriculum vitae et studiorum and a cover letter should be send to: Dr Mariangela Pellegrini and Dr Christel Buelens (Mariangela.pellegrini@aphp.fr and christel.buelens@ulb.be)

* DECLARATION The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application. Where applicable, I consent that the organisation can seek clarification regarding registration details. I agree to the above declaration

*GDPR Agreement



European
Reference
Networks

Exchange Programme
2021-2022



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tomorrow's
challenges
today

I consent to having this website store my submitted information so they can respond to my inquiry.

Place, Date and signature
