

## CANDIDATE APPLICATION FORM



### Educational program on Thalassemia

**Archbishop Makarios III Hospital and the Cyprus Institute of Neurology and Genetics (CING)**

**Coordinated by Dr. Soteroula Christou and Prof. Marina Kleanthous**

**10<sup>th</sup> – 14<sup>th</sup> October 2022**

*Please complete all parts of the Application form*

## THE CANDIDATE

Name:            Surname:

Specialisation:

Category (junior/senior<sup>1</sup>):

Function:

Hospital where the participant is employed

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

<sup>1</sup> This category is defined by the hospital as employer



this application. Where applicable, I consent that the organisation can seek clarification regarding registration details. I agree to the above declaration

\*GDPR Agreement

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

Place, Date and signature

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