

CANDIDATE APPLICATION FORM



Educational program on Diagnosis and Management of Paroxysmal Nocturnal Hemoglobinuria

AUSL Romagna- Presidio Ospedaliero di Ravenna, Ravenna, Italy

December 5-6, 2022

Please complete all parts of the Application form



THE CANDIDATE

Name: Surname:

Specialisation:

Category (junior/senior):

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
Christel Buelens 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



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Reference
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2021-2022



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*GDPR Agreement

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

Place, Date and signature
