CoCoCare Program

Application Form

**All electronic documents must be received not later than:**

**March 28, 2020**

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| **First name:**  |
| **Surname:** |
| Title: |
| Date of birth (dd/mm/yyyy): |
| Complete contact address: |
| Street, No.:  |
| City: |
| Zip code (post code): |
| Country:  |
| Tel.:  |
| e-mail: |
|  |
| Name of the Supervisor: |
| Name of Department: |
| Hospital: |
| City: |
| Country: |
| e-mail: |

[ ]  I certify that, at the time of this application I am an [EAN RRFS member](https://www.ean.org/Resident-and-Research-Member.3802.0.html)

[ ]  I have a working knowledge of English

[ ]  I confirm that I will follow te complete course, including the workshop (taking place a day prior to the 6th EAN Congress in Paris)

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 Signature of the applicant

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 Signature of the supervisor

**IMPORTANT: The application form must be accompanied by**:

* Letter of intent, including information about experience with using/writing guidelines
* Structured CV, including a list of publications in peer review journals
* Optional: confirmation about the future EAN Congress participation

**Applications should be sent:**

**by e-mail** to: **scientific@ean.org**

**Applications must be typed, and not handwritten. E-mails without subject will not be considered.**

**The maximal size of all attachments together is up to 5MB.**

**We accept** **documentsin word or pdf format.**

**Incomplete applications will not be accepted.**

