

CANDIDATE APPLICATION FORM



1st Educational program on Rare Haemolytic Anaemia in Laboratories

ERN-EuroBloodNet HCP AOU Federico II Napoli (Italy)

20th – 22nd of July 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:
- ERN Member or Affiliated Member:

¹ This category is defined by the hospital as employer



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

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

Place, Date and signature
