EULAC PerMed Summer School “Personalised Medicine Research in the Health System”

Madrid, November 2019. Deadline 15th July 2019

**PART I. PERSONAL INFORMATION**

Please fill in all the boxes.

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| * + 1. *First Name:* |

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| * + 1. *Family name:* |

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| --- |
| * + 1. *Date of birth:* |

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| --- |
| ***Place of birth***[[1]](#footnote-1)***:*** |

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| --- |
| *Gender: Female Male* |

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| * + 1. *Citizenship:* |

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| * + 1. *English level:* |

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| * + 1. *Current Personal Address*[[2]](#footnote-2)*:* |

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| * + 1. *Mobile Phone Number*[[3]](#footnote-3)*:* |

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| * + 1. *Fixed Phone Number:* |

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| * + 1. *Email address*[[4]](#footnote-4)*:* |

**PART II. EDUCATION AND PROFESSIONAL EXPERIENCE**

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| * + 1. *Current position (job title):* |
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| * + 1. *Institution:*     2. *Patient Association:* |

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| * + 1. *If you are a representative from Patient Association, please describe your specific background and training* |
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| * + 1. *University : degrees and year obtained* |
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| * + 1. *Current Professional Experience (describe current position)* |
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| * + 1. *Previous Professional Experience* |
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| * + 1. *Other Relevant Experiences* |
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| *Please provide a description of the current research or activities linked to Personalised Medicine that you are developing* |
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**PART III. INFORMATION FOR THE SUMMER SCHOOL**

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| * + 1. *How did you learn about the Summer school?* |

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| * + 1. Motivation to attend the Summer school.     2. Please describe your motivation for applying to this program. *(0.5-1 page maximum):* |
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| * + 1. *Will you be applying for a scholarship?*     2. Explain how this training will be applied to your current or future research:     3. *(0.5-1 page maximum):* |
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**OTHER DOCUMENT REQUIRED**

Please attach to this application form your personal Curriculum vitae including relevant publications and participation in conferences and a Reference letter from your institution.

Place and date...................................... Signature...................................................................................

Please send to this application to: [mj.ruizalvarez-esterno@sanita.it](mailto:mj.ruizalvarez-esterno@sanita.it)

1. Please insert both the name of city and also the name of the Country of birth. (For instance: Milan, Italy). [↑](#footnote-ref-1)
2. Please insert your address, ZIP code, City and Country [↑](#footnote-ref-2)
3. Please insert also the International Country code [↑](#footnote-ref-3)
4. Please insert the address you usually consult. If you have more than one please insert all of them. [↑](#footnote-ref-4)