EULAC PerMed Technical Workshop on “Innovative Methodologies for Data Use and Analysis in Personalized Medicine Research”

Montevideo, Uruguay – December 12-13, 2019

**PART I. PERSONAL INFORMATION**

Please fill in all the fields.

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| *First Name:* |

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| *Last Name:* |

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| *Date of birth:* |

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| ***Nationality:*** |

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| *Gender: Female Male Other* |
| *O* |

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| *English level (A1-C2)[[1]](#footnote-1):* |

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| --- |
| *Current Personal Address:* |

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| *Mobile Phone Number:* |

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| *Fixed Phone Number:* |

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| *Email address:* |

**PART II. EDUCATION AND PROFESSIONAL EXPERIENCE**

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| *Current position (job title):* |
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| *Institution:* |

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| *University : degrees and year obtained* |
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| *Current Professional Experience (describe current position)* |
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| *Please provide a brief description of the current research or activities linked to Personalized Medicine that you are currently developing (maximum 100 words).* |
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**PART III. INFORMATION FOR THE WORKSHOP**

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| *How did you learn about the workshop?* |

**PART IV. OTHER DOCUMENTS REQUIRED**

**Please attach the following documents to this fully completed application form:**

1. **Curriculum vitae (2 pages maximum) including relevant publications and participation in conferences,**
2. **Cover letter explaining your motivations to participate in the workshop and how you will apply the knowledge that you will acquire in your current or future research.**
3. **Signed Applicant consent form for data protection**

Please prepare 4 PDF files (ALL NAMED STARTING WITH YOUR FAMILY NAME)

For example:

This application form (example of file name: Garcia Application EULAC PerMed 2019);

Your CV (e.g. Garcia CV EULAC PerMed 2019);

Cover letter (e.g. Garcia Letter EULAC PerMed 2019)

Applicant consent form (e.g. Garcia DP Form EULAC PerMed 2019)

and send to:

[techworkshopeulacpm@gmail.com](mailto:techworkshopeulacpm@gmail.com)

1. Consult details on proficiency levels here: <https://www.britishcouncil.es/en/english/levels> [↑](#footnote-ref-1)