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COURSE APPLICATION FORM

INSTRUCTIONS FOR APPLICANTS:

- 1) Fill in this form using capital letters
- 2) Applications which are unreadable or incomplete will not be considered
- 3) Specify course name and dates (only 1 application per course)
- 4) Fill in each section of the form

COURSE NAME: Health care guidelines on rare diseases. Quality assessment

ID: 0152C15

DATE: 3-4 December 2015

PERSONAL DETAILS

Family name:	First name:	
Date of birth (dd/mm/yy):	Place of birth:	
Country:	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Address:		
Town:	ZIP Code:	
Country:		
Phone number:	Fax:	
E-mail:		

PROFESSIONAL DATA

Qualification:		
Company name:		
Address:		
Town:	ZIP Code:	
Country:		
Phone number:	Fax:	

Please note that these data will be used for all future communications related to the course.



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POSITION

Company activity (Public health organization, University, etc.):	
Charge:	
Permanent position: Yes <input type="checkbox"/> No <input type="checkbox"/>	

MY KNOWLEDGE AND PREVIOUS EXPERIENCES CONCERNING THE SUBJECT OF THE COURSE ARE:

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MY PRESENT TASKS AND ACTIVITIES ARE:

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THE COURSE WILL BE USEFUL FOR THE FOLLOWING REASONS:

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APPLICATION, SELECTION AND ADMITTANCE:

The application form can be downloaded from www.rarebestpractices.eu, and www.iss.it/cnmr.
The application form should be duly filled, signed and sent together with a current CV by email to rare-bestpractices@iss.it.

Applications not accompanied by a CV or not duly filled or readily comprehensible will be excluded. All applicants should return the application form together with a current CV no later than **9 November 2015**. Please note that places on the course are limited. A maximum number of **20 participants** will be admitted. A confirmation of admittance will be sent by email only to the accepted applicants on **10 November 2015**. Applications with no signature shall not be accepted.

If you have any further questions about application or filling in the form, please contact:

Linda Agresta Email: linda.agresta@iss.it Tel. 0039 06 49904018 **Andrea Vittozzi** Email: contact.cnmr@iss.it Tel: 0039 06 4990 4418

Signature.....

Date.....

INFORMATION COLLECTED ON THIS FORM WILL BE HELD IN ACCORDANCE TO THE D.LGS. 196/2003 FOR THE PURPOSES OF PROCESSING YOUR APPLICATION AND FOR STUDENT ADMINISTRATION. IT WILL BE HELD SECURELY AND NOT PASSED ON TO THIRD PARTIES. ACCORDING TO THE ART. 13 OF THE ABOVE MENTIONED LAW, YOU HAVE THE RIGHT TO ASK FOR THE AMENDMENT OR CANCELLATION OF YOUR DATA.

I.S.S. - ISTITUTO SUPERIORE DI SANITÀ IS RESPONSIBLE FOR THE DATA HANDLING AND PROCESSING.

Signature.....

Date.....