

The EURACT Assessment Course for Trainers in Family Medicine

10 - 12 October 2019, Lisbon, Portugal

APPLICATION FORM

Please send this form by email, before **30 June 2019**, to your national EURACT representative and to the local organizer (Denise Velho, dacvelho@gmail.com). Confirmation will be sent to you by 31 July, together with a separate form for your final registration.

Name: _____

Surname: _____

Nationality: _____

Professional title: _____

Address: _____

Country: _____

Email: _____

Telephone: _____ Mobile: _____

EURACT membership: Yes (with the current year's fee paid) No

Type of application: Sponsored place Paying participant

Previous EURACT sponsorship: Yes For which event and when? _____

No

Professional data:

Place of work (university, practice, etc.)

Have you participated in a Leonardo level 1 course? Yes No

Date _____ Country / City _____

Have you participated in an equivalent course? Yes No

If yes, provide details _____

Date: _____ **Signature:** _____

For any additional questions please contact: Barbara Toplek - WONCA Europe/EURACT Secretariat
barbara.toplek@mf.uni-lj.si Phone: +386 1 43 86 913