



Application form example Online course for health professionals

Field 'Chapter'

Study tours for health professionals

Field 'Open call'

Online course for health professionals

Field 'Entry name'

Your name and surname

Personal information (tab 'Details')

- Name, surname, and patronymic
- Date of birth
- Email address
- Telephone number
- Place of residence
- Degree
- Term of employment
- Place of employment
- Address of the place of employment
- Telephone number of the place of employment
- English level

Additional questions and motivation to participate in the online course (tab 'Motivation')

















- Have you ever attended conferences, courses or other professional events? Please name them.
- How will participation in the online course contribute to your professional growth or career development?
- Why do you want to participate in the online course? Please describe your motivation.
- How will participation in the online course be beneficial for you in a long-term perspective? Please describe the long-term results you expect from the online course.
- What have you read this year that was most beneficial? Why
- Can you prepare a report on your participation in the online course?

Documents you need to upload to the online-platform: (tab 'Attachments')

Please attach your CV











