EUROPEAN SOCIETY FOR PAEDIATRIC ANAESTHESIOLOGY

**Application Form**

ESPA Grant for Paediatric Anaesthesiologists from low income countries (ELIC)

(*Please complete form on your computer*) (*Use as much space as necessary within each box*)

|  |  |
| --- | --- |
| **Name of Applicant** (include professional degrees) | Click here and insert text. |
| **Current Professional Affiliation** (e.g. name of university, institute, hospital) | Click here and insert text. |
| **Mailing address** | Click here and insert text. |
| **Telephone or Mobile**  | Click here and insert phone number. |
| **E-mail** | Click here and insert e-mail. |
| **Date of birth**  | Click here and insert date. |
| **Nationality**  | Click here and insert text. |

|  |
| --- |
| **PLEASE SUPPLY DETAILED INFORMATION UNDER THE FOLLOWING HEADINGS**(use as much space as necessary within each box) |
| **Are you a member of your local national anaesthesiology society?** (YES [ ]  NO [ ] ) If yes, please specify:Click here and insert text. |
| **Other relevant information** (use additional space if necessary) Click here and insert text. |
| **Signature of Applicant** (typed name is acceptable if application is transmitted by e-mail) | **Date**Click here and insert date. |