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*)

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| **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. |

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| **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. |