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|  | **Sponsored Overseas Delegate**  **Application Form** | |
| ***If possible, please use a computer to type answers. If writing, please use CAPITAL letters****.* | | |
| **First (given) name:** | | **Last (family) name:** |
| **Age:** | | **Gender:**  Male / Female |
| **Telephone numbers:**  *Give country code / number*  **Mobile:**  **Work:**  **Home:** | | **Email:** |
| **Fax:** *Give country code / number* |
| **Nationality:** |
| **Current job title:** | | |
| **Hospital / institution where you work:** *Please include address* | | |
| **Basic medical training:**  *Name of medical school / Name of degree / Number of years of training / Year of completion* | | |
| **Anaesthesiology training:**  *Name of programme or institution / Name of qualification / Number of years of training / Year of completion* | | |
| **Please describe your hospital (in less than 100 words).** | | |
| **Please describe your job (in less than 100 words).** | | |
| **Why should a scholarship be awarded to you (in less than 100 words)?** | | |
| **What was the last anaesthesiology conference you attended?** | | |