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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?** |