Ref No.:

**For Office Use**

Date of reception:

Acknowledge:

Ref No.:

**For Office Use**

Date of reception:

Acknowledge:

**COURSE APPLICATION FORM**

|  |
| --- |
| ***Please read the following notes before completing this form:***   1. Applicants are advised to provide all the information requested in the form, where applicable, 2. Please send the completed form together with **one letter of recommendation** from current supervisor by e-mail to [**tt-riipcourse@pasteur.gr**](mailto:tt-riipcourse@pasteur.gr) |

**1. TITLE OF TT-RIIP international course:**

|  |
| --- |
| **Transgenic Technologies *in*  modeling Human diseases:**  **Principles, Associated Technologies, Animal Management and Ethics**  5-13 June 2017, Athens, Greece |

**2. PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Name:** |  |
| **Nationality:** |  |
| **Date of birth:** |  |
| **Identity Card/ Passport number:** |  |
| **Address for correspondence:** |  |
| **Work telephone number:** |  |
| **Mobile phone number:** |  |
| **E-mail address:** |  |
| **Present Position:** | **MSc student PhD student Post-doc other (pls specify)** |

**3. YOUR CURRENT POSITION:**

|  |  |
| --- | --- |
| **Institute:** |  |
| **Country:** |  |
| **Field of Current project:** |  |
| **Start Date:** |  |
| **Name of Supervisor:** |  |

**4. ACADEMIC QUALIFICATIONS:** (most recent first)

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Title of Degree:** |  | Date obtained: |
|  | **Major Subject:** |  | |
|  | **Honors/Grade (if applicable):** |  | |
|  | **Institution:** |  | |
|  | **Country:** |  | |
| **2.** | **Title of Degree:** |  | Date obtained: |
|  | **Major Subject:** |  | |
|  | **Honors/Grade (if applicable):** |  | |
|  | **Institution:** |  | |
|  | **Country:** |  | |
| **3.** | **Title of Degree:** |  | Date obtained: |
|  | **Major Subject:** |  | |
|  | **Honors/Grade (if applicable):** |  | |
|  | **Institution:** |  | |
|  | **Country:** |  | |

# 5. EXPERIENCE IN TRANSGENIC TECHNOLOGY PRACTICE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Company/**  **Institute** | **Position /**  **Staff Grade** | **Mode** | **Employment Period** | |
| **From** | **To** |
|  |  |  | Full-time  Part-time |  |  |
|  |  |  | Full-time  Part-time |  |  |
|  |  |  | Full-time  Part-time |  |  |

**6. GENERAL OUTLINE OF CURRENT PROJECT:**

(Limit to 200 words; do not give confidential information)

|  |
| --- |
|  |

**7. WHAT DO YOU EXPECT FROM THIS COURSE?** (Limit to 200 words)

|  |
| --- |
|  |

**8. PUBLICATIONS** (Mention 2 most relevant publications, if you have already published)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |

**9. CONFERENCE PRESENTATIONS:**

(Limit to 3 most relevant; Indicate whether oral or poster session)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**10. ENGLISH LANGUAGE COMPETENCY:** *(what is your level of English language)\**

|  |  |  |
| --- | --- | --- |
| **Listening** | **Writing** | **Speaking** |
|  |  |  |

*(\*excellent, average, basic)*

**11. REFERENCE LETTER:**

The applicants should **include a letter of recommendation from current supervisor**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Organization:** |  |
| **E-mail:** |  |

***I declare that the information I have given in this application is correct and complete to the best of my knowledge and belief. I agree that Hellenic Pasteur Institute may conduct a reference check by contacting my present/prior supervisor(s) and or institution(s).***

|  |  |
| --- | --- |
| Date: | Applicant’s Signature: |