**CANDIDATE APPLICATION FORM**

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**Educational program on Rare Hereditary Haemolytic Anaemia in Laboratories**

**HCP CUB-Hôpital Erasme / LHUB-ULB, Brussels, Belgium**

**19th – 22nd December 2022**

*Please complete all parts of the Application form*

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| **THE CANDIDATE**  Name:       Surname:  Specialisation:  Category (junior/senior[[1]](#footnote-1)):  Function:  Hospital where the participant is employed   * Name: * Address: * Email: * Country: * ERN Member or Affiliated Member: |

If you have a disability, do you require any assistance during the preceptorship? Yes □ No □

Details of the assistance needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The application form, A Curriculum vitae et studiorum and a cover letter should be send to: Dr Christel Buelens christel.buelens@ulb.be**

\* DECLARATION The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application. Where applicable, I consent that the organisation can seek clarification regarding registration details. I agree to the above declaration

\*GDPR Agreement

I consent to having this website store my submitted information so they can respond to my inquiry.

Place, Date and signature  
  
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1. This category is defined by the hospital as employer [↑](#footnote-ref-1)