# APPLICATION FORM TO THE PROGRAM

**Please fill in the following form:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERSONAL DATA | | | |  |
| Name: | | | | |
| Address: | | | | |
| Postal code: | City: | | | |
| Department or province: | | Country: | | |
| Email: | | | | |
| Telephone number (include country and city code): | | | Fax number: | |

# PROFESSIONAL DATA

|  |
| --- |
| Professional title: |
| Institution that conferred it: |
| Post-graduate studies: |
| Institution: |
| Academic degree obtained: |

# INSTITUTION WHERE YOU WORK

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Current position: | | | |
| Address: | | | |
| Postal Code: | City: | | |
| Department or province: | | Country: | |
| Email address: | | | |
| Telephone number (include country and city code): | | | Fax number: |

# OBJECTIVES

*(You are not limited to the specified extension)*

|  |
| --- |
| Explain briefly why you are interested in the doctoral program |
| Explain how you expect to use the newly acquired knowledge and skills |
| Explain how the organization or institution where you work will benefit from your training: |
| If you could choose, how would you see your professional activity within five years’ time? |
| ***Optional:*** describe briefly what lines of research or projects you’d like to develop and why (you can quote  references and attach research proposals that you’ve done previously) |

I declare that all the information in this form is true and I authorize the Institute for Clinical Effectiveness and Health Policy (IECS) to confirm the data, if considered appropriate.

Applicant’s signature Date