

Advanced Obstetric Anaesthesia Training Programme 2017-2019

Application form

Name
Title
Home address
Working address
Country
E-mail (home/work)
Phone (home/work)

I plan to work in these units during the two years training (Unit, Department, Hospital, duration):

I hereby apply for the Inter-Nordic training program in Obstetric Anaesthesia. All expenses for this program (including travelling, accommodation and a fee for each course) have to be covered by the host clinic.

Date and signature of the applicant and name in capital letters

Date and signature of the chairman of the host clinic and name in capital letters