

APPLICATION FORM FOR IHTC FELLOWSHIP

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Date of birth _____ Male Female

Professional Category:

- Hematologist
- Adult Physician
- Pediatrician
- Orthopedic Surgeon
- Laboratory Scientist
- Other (please specify) _____

- Nurse
- Physiotherapist
- Dentist
- Social Worker
- Pathologist

1. Details of Current Work (Hemophilia-related):

- Description of existing place of work with specific mention of facilities, relevant to your area of work: *(This is very important. Please use additional paper, if necessary)*

Number of patients are registered in your centre: Hemophilia A : _____ Hemophilia B: _____ VWD: _____ RBD: _____	Number of patients with hemophilia treated every month at your centre: New : _____ Follow-up: _____
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Please describe your current responsibilities in hemophilia care.

How will the training received be used to improve hemophilia care at your center / in your country:

What would you like to learn through your training? Why?

2. Logistics for training:

Three preferred IHTCs in order of choice. Please explain why you would like to receive training in these centres:

- 1.) _____
- 2.) _____
- 3.) _____

Language(s) spoken and fluency (beginner, intermediate, fluent):

	Reading	Writing	Speaking	Listening
English				
French				
Other (specify)				

3. References:

Please submit 2 letters of reference, one from your National Hemophilia Member Organization and one from your current employer (Hospital / Hemophilia Treatment Center) in order to complete your application. Without these documents, your application will not be considered.

4. Documents to be sent with this application form:

Required:

- Application Form
- Full CV
- Letters of reference from NMO and employer

Optional:

- Motivation letter
- Photograph
- Any additional information

Signature: _____

Date: _____

PLEASE RETURN COMPLETED APPLICATION FORM TO THE WFH HEADQUARTERS

1425 René Lévesque Blvd. West, Suite 1010,

Montreal, Quebec, Canada, H3G 1T7

Tel: (514) 875 7944 Fax: (514) 875 8916

E-mail: wfh@wfh.org ; Internet: <http://www.wfh.org>