ΕΛΛΗΝΙΚΗ ΕΤΑΙΡΕΙΑ ΟΓΚΟΛΟΓΩΝ ΠΑΘΟΛΟΓΩΝ

Application Form for "The Christie/ HeSMO International Fellowship Programme"

FIRST NAME:	
LAST NAME (SURNAME):	
FATHER'S NAME:	
DATE OF BIRTH:	
ADDRESS:	
MOBILE:	
TELEPHONE (LAND LINE):	
E-MAIL:	
CURRENT POSITION TITLE:	
HOSPITAL (WORK PLACE):	
HOSPITAL PHONE NUMBER :	
EDUCATION STATUS:	☐ MEDICAL ONCOLOGIST ☐ Fellow IN MED. ONCOLOGY
PREFERENCE IN FELLOWSHIP:	☐ CLINICAL ☐ RESEARCH

The following supporting documents are attached to this Application:

1. CV	☐ YES ☐ NO
2. Copy of Medical Degree Diploma	☐ YES ☐ NO
3. Medical Specialty in OncologyTitle (if any)	☐ YES ☐ NO
4. Copy of Police or Military ID or Passport	☐ YES ☐ NO
5. GMC Registration (if any)	☐ YES ☐ NO
6. Motivational letter	☐ YES ☐ NO
7. Letters of recommendation (3)	☐ YES ☐ NO
8. Formal Declaration of Income	☐ YES ☐ NO

Please accept my application for the "The Christie/ HeSMO International Fellowship Programme".

☐ I solemnly declare that all the documents I enclose with this application are true.

☐ I have taken into account and accept the terms and conditions of the Foreign Scholarships Internal Regulation of HeSMO.

☐ I agree to the HeSMO GDPR Terms of Use.

Athens, ……. /…… /20……

The Applicant

(Name-Signature)