



APPLICATION FORM

European Society of Emergency and Critical Care

Name	
Gender:	M/F
Date of birth	
e-mail address	
Institution	
Position held	
Level of necessary foreign language knowledge	moderate - advanced (please mark)
Work address	
Telephone number	
Planned date of training	
Planned duration of training	
Status & number of EVECCS membership	
Attachements	

1.	1. Proof of interest in ECC (congress, externships, professional experience)	
2.	2. curriculum vitae (one page)	
3.	3. letter of motivation describing how the newly gained knowledge and skills can be implemented at the home institution (one page)	
	4. letter of recommendation from a licensed Veterinarian	
	5. letter of recommendation from the home institucion	