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|  |

Ref No.: -

**For Office Use**

Date Received:

Acknowledge:

**COURSE APPLICATION FORM**

|  |
| --- |
| ***Please read the following notes before competing this form:***1. Applicants are advised to provide all the information requested in the form, where applicable
2. Please send the completed form together with letter(s) of recommendation from referees by e-mail to **hboleti&pasteur.gr**
 |

**1. TITLE OF RIIP regional course:**

|  |  |
| --- | --- |
|  | **Digital image processing/analysis tools in Light Microscopy:****From the basics and beyond** |

**2. PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| **Present Position:** | [ ]  Post-doc [ ]  PhD student [ ]  MSc student [ ]  other (pls specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Surname:** |  | **Given name(s) (in full):** |  |
|  |  | **Title:** | PhD or MD/Mr / Mrs / Miss |
| **Date of birth:** |  | **Nationality:** |  |
| **Identity Card no:** |  | **Passport no:** |  |
| **Address for correspondence:** |  |
|  |  |
| **Work telephone no:** |  | **Mobile:** |  |
|  |  | **Email addresses:** |  |

**3. YOUR CURRENT SITUATION:**

|  |  |
| --- | --- |
| **Institute:** |  |
| **Country:** |  |
| **Subject of Current Research:** |  |
| **Current Research Project(s) Title:** |  |
| **Start Date:** |  |
| **Research Director(s)/Supervisor(s):** |  |
| **Language of Instruction:** | [ ]  in English [ ]  other, pls specify:  |

**4. ACADEMIC QUALIFICATIONS:** (most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Title of Degree:** |  | Date Obtained: |  |
|  | **Major Subject:** |  |
|  | **Institution:** |  |
|  | **Country:** |  |
| **2.** | **Title of Degree:** |  | Date Obtained: |  |
|  | **Major Subject:** |  |
|  | **Honours/Grade (if applicable):** |  |
|  | **Institution:** |  |
|  | **Country:** |  |
| **3.** | **Title of Degree:** |  | Date Obtained: |  |
|  | **Major Subject:** |  |
|  | **Honours/Grade (if applicable):** |  |
|  | **Institution:** |  |
|  | **Country:** |  |

# 5. RESEARCH & LABORATORY EXPERIENCE in LIGHT MICROSCOPY IN ACADEMIC OR PRIVATE RESARCH INSTITUTE/COMPANY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Company/****Institution** | **Position /****Staff Grade** | **Mode** | **Employment Period** |
| **From** | **To** |
|  |  |  | [ ] Full-time[ ] Part-time |  |  |
|  |  |  | [ ] Full-time[ ] Part-time |  |  |
|  |  |  | [ ] Full-time[ ] Part-time |  |  |

**6. GENERAL OUTLINE OF CURRENT RESEARCH PROJECT:**

(Limit to 200 words; do not give confidential information, e.g. unpublished results.)

|  |
| --- |
|  |

**7. WHAT DO YOU EXPECT FROM THIS COURSE?** (Limit to200 Words)

|  |
| --- |
|  |

**8. PUBLICATIONS** (Mention your 2-3 most relevant publicationsif you have already published)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |

**9. CONFERENCE PRESENTATIONS:**(Limit to 3 most relevant; Indicate whether oral or poster session)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**10. ENGLISH LANGUAGE COMPETENCY:** *(what is your level of English)\**

|  |  |  |
| --- | --- | --- |
| **Listening** | **Writing** | **Speaking**  |
|  |  |  |

*(\*excellent,average, basic)*

**11. REFERENCE LETTERS:** (The applicants are encouragedto arrange for 2 reference letters, **including the letter of support from current supervisor**, to be sent separately to hboleti@pasteur.gr. Please list below the names of the 2 referees. )

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Position** |  | **Position** |  |
| **Organization** |  | **Organization** |  |
| **E-mail** |  | **E-mail** |  |

***I declare that the information I have given in this application is correct and complete to the best of my knowledge and belief. I agree that HPI may conduct a reference check by contacting my present/prior supervisor(s) and or institution(s) where I received my education.***

Date: Signature: