



DOCUMENT 2

APPLICATION FORM FOR CANDIDATES

To be used by the National Coordinator only :
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Before completing this application form, please consider the following information.
This is NOT a medical or technical programme. This is a multi professional programme. It is aimed at professions and professionals who are directly or indirectly involved in the management of European health care services and hospitals.
HOPE cannot guarantee your choices or indeed that your application will find a placement. Failure to complete this document in full will reduce your chances of being allocated a place.

Candidates are kindly requested to complete this application form in English (French or German are also accepted) and send it by email, fully completed, to the national coordinator before 31 October 2009.

This application form must be accompanied by the declaration (DOCUMENT 3)

1. Surname (or family name)
2. First name
3. Place of residence (full address)
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4. Sex
5. Date of birth
6. Nationality
7. Tel (international codes as well)
 - Office
 - Home
 - Mobile phone
- Fax
- E-mail



Best way to be contacted during the exchange period
(mobile phone, personal e-mail or via the host)

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8. Job title

8.1. Organisation + address

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8.2. Name, position & address of the head of your department/unit

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8.3. Date commenced in your present appointment

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8.4. Describe your position in your present unit/department

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8.5. Please provide a one-page summary of your present job including reference to specific responsibilities (i.e. staff, budget, projects, units or subunits etc)



9. Previous health service and or management experience

<u>Organization</u>	<u>Position</u>	<u>Period</u>

10. State your specific management qualifications (Degree, Master, etc.)

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11. Other professional qualifications relevant to your present position.

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12. Exchange options

(Behind each host country, please find in brackets the language accepted on the exchange programme (English-E, French-F, German-D and Spanish-S) :

Austria (D)	Finland (E)	Latvia (E)	Slovenia (E)
Belgium (E) (F)	France (F)	Lithuania (E)	Spain (S)
Bulgaria (E)	Germany (D)	Luxembourg (F)	Sweden (E)
Cyprus (E)	Greece (E)	Malta (E)	Switzerland (D) (E)
Denmark (E)	Hungary (E)	Poland (E)	The Netherlands (E)
Estonia (E)	Ireland (E)	Portugal (E)	United Kingdom (E)

It cannot be guaranteed that there will be places in other countries.

12.1. Countries in which exchange is preferred (in order of preference)

(National coordinator may advise on change of your preferences in discussion with yourself):

1st choice country:

2nd choice country:

3rd choice country:

Other:

12.2. Type of hospital/organisation in which exchange is preferred – tick as many boxes as you wish (Please specify if your interest is an example or if it is exclusive)

- Primary Care Organisation
- Acute Hospital *Teaching* *Non-teaching*
- Psychiatry
- Rehabilitation

13. What are your hobbies?

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14. Proficiency in languages (the level of the indicated language will be tested by the national co-ordinator of the host country) – please tick appropriate box(es):

English	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> None
French	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> None
German	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> None
Spanish	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> None
Other:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> None
Other:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	<input type="checkbox"/> None

15. How did you get informed about the HOPE Exchange Programme?

By:

- Your organisation
- Friends
- A former participant in the HOPE Exchange Programme
- Reading the advertisement
- HOPE website
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16. State year and place of prior HOPE participations or other foreign exchanges, if any

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Place and date

Signature

This document should be returned BY EMAIL to the national co-ordinator before 31 October 2009
Document 3, containing the necessary permissions, should be send by NORMAL post to national co-ordinator before 31 October 2009