



Application for admission

PERSONAL DETAILS

First name

Family name

Date of birth Day Month Year

Gender Male Female

Email address

Nationality

Native language

STUDENT POSTAL DETAILS

Full home address including post code and country

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.....

Is this your postal address (Y/N)

Work / Study address including post code and country

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.....
.....

Is this your postal address (Y/N)

HIGHER EDUCATION COURSES

Institution

Dates attended

Course attended

Description:
.....
.....
.....

Institution

Dates attended

Course attended

Description:
.....
.....
.....

OTHER RELEVANT EDUCATIONAL COURSES ATTENDED

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LANGUAGES SPOKEN OTHER THAN YOUR NATIVE LANGUAGE AND ENGLISH

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STUDENT DECLARATION

I declare that the information presented in this application and the accompanying documentation is true and complete.

I hereby confirm my application to the Europhamili training course due to take place from 25th March to 27th June 2008 at the ENSP Rennes-France. I agree to undergo the selection process and fully understand that the programme selection board has complete discretion in the final decision.

Signature

Date

HOW DID YOU FIND OUT ABOUT EUROPHAMILI

Internet website

Posters or brochures

Home institution

Word of mouth

Other (please specify) :

INSTRUCTIONS TO APPLICANTS

Please complete this application in English. All sections of the application must be completed and relevant documentation attached. Incomplete applications will not be considered. Should you have any questions regarding this application please email mthompson@ensp.fr

Higher Education and work experience

In addition to completing these sections, you are requested to submit photocopies (no original documents) of diplomas, certificates etc.

English proficiency

If you have language certificates please provide photocopies thereof. All teaching on Europhamili is in English, all applicants must therefore have a good command of both written and oral English.

Curriculum Vitae

As part of your application you are required to provide your curriculum vitae in English.

Reasons for applying

As part of your application you are required to provide your reasons for applying to Europhamili by way of a typed and signed letter. This will form an integral part of your application.

Please send your application to:

**PROGRAMME EUROPHAMILI
ECOLE NATIONALE DE LA SANTÉ PUBLIQUE
DIRECTION DES AFFAIRES INTERNATIONALES
AVENUE DU PROFESSEUR LÉON BERNARD
35043 RENNES
FRANCE**