



SVENSK FÖRENING FÖR PALLIATIV MEDICIN

8th Nordic Specialist Course in Palliative Medicine 2017 - 2019

APPLICATION FORM

Completed application form from Swedish applicants should be sent to:

Nordic Specialist Course in Palliative Medicine
Carl-Magnus Edenbrandt
Magle Lilla Kyrkogata 17
223 51 Lund
e-post: carl-magnus.edenbrandt@med.lu.se

Closing date for application – March 15, 2017

Applicants will be notified in early May, 2017 directly from the NSCPM steering group and the course secretariat.

Please enclose an outline of your CV (maximum 2 x A4 pages) including:

Surname/Family name:
First name:
Date of birth:
Nationality:
Home address:
Work address:
Telephone:
E-mail:

Qualifications (please attach certificates from Socialstyrelsen and current employer):

Year of full registration as a physician:
Specialty and year of registration as a specialist:
Clinical background:
Please describe your current clinical responsibilities and time spent providing palliative care.

Why do you apply for the Nordic Specialist Course in Palliative Medicine?

Please indicate your main reasons for applying for the course:
What are your learning needs in palliative medicine?