



INSTRUCTIONS FOR APPLICANTS:

- 1) All fields are compulsory. Applications which are unreadable or incomplete will not be considered
- 2) Sign the form at the bottom: applications with no signature will not be accepted

**STRENGTHENING THE MEDITERRANEAN PARTNERSHIP IN THE FIELD OF
PUBLIC HEALTH COLOMED:
The Colorectal Cancer Mediterranean Network**

ID No.: 034D17

DATE: September 18th, 2017

PERSONAL DATA

Family name:	First name:
Date of birth (dd/mm/yy):	Place of birth:
Country:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>

PROFESSIONAL DATA

Qualification:	
Company activity (Public health organization, University, etc.):	
Address:	
Town:	ZIP Code:
Country:	
Phone number:	Fax:

Please note that these data will be used for all future communications.

APPLICATION, SELECTION AND ADMITTANCE:

The application form should be duly filled, signed and sent by email to the Technical Secretariat (email colomed@iss.it) by **September 11th, 2017**.

If you have any further questions about application or filling in the form please contact:

Technical Secretariat Istituto Superiore di Sanità – Sig.ra Anna FERRIGNO (email anna.ferrigno@iss.it – tel. 06.49906093)

Technical Secretariat Università Cattolica del Sacro Cuore – Sig.ra Francesca BORZI (email colomed@iss.it – 06.49903111)

Technical Secretariat Università Cattolica del Sacro Cuore – Sig.ra Giulia ZUENA (email colomed@iss.it – 06.49902690)

INFORMATION COLLECTED ON THIS FORM WILL BE HELD IN ACCORDANCE TO THE D.LGS. 196/2003 FOR THE PURPOSES OF PROCESSING YOUR APPLICATION AND FOR STUDENT ADMINISTRATION . IT WILL BE HELD SECURELY AND NOT PASSED ON TO THIRD PARTIES. ACCORDING TO THE ART. 13 OF THE ABOVE MENTIONED LAW, YOU HAVE THE RIGHT TO ASK FOR THE AMENDMENT OR CANCELLATION OF YOUR DATA.

I.S.S. - ISTITUTO SUPERIORE DI SANITÀ IS RESPONSIBLE FOR THE DATA HANDLING AND PROCESSING.

Date.....

Signature.....