



European Burns Association
P.O. Box 440
5201 AK 's-Hertogenbosch
The Netherlands

Please send to:
eba@congresscare.com

Share your Care – Junior exchange program of the EBA

Application Form

Personal Information

Full name: _____ Date of birth: _____

Address (private): _____

E-mail: _____ Phone: _____

Employment Information

Hospital: _____

Department: _____

Address (hospital): _____

E-mail: _____ Phone: _____

Chief of department: _____

E-mail: _____ Phone: _____

Current Position

Current position

- Resident Current year of training: ____
- Specialist
- Nurse
- Physio therapist
- Occupational therapist
- Other: _____

Discipline/Specialization

- Pediatric burn surgery
- Adult burn surgery
- Anaesthesia / intensive care
- Other: _____

Short description of previous education / specialization (max. 1000 characters):

Branche of Exchange Program

Program you are applying to:

- Share and Foster → Please go to section a)
- Travel for Support → Please go to section b)
- Visit and Expand → Please go to section c)

a) Share and Foster – Where and when would you like to go

| | Preferred Center <i>Choose one</i> | Alternative <i>Choose all that apply</i> |
|---|--|--|
| ZNA Stuivenberg, Belgium | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Hannover Medical School, Germany | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Klinikum Süd Nürnberg, Germany | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Maasstad Ziekenhuis, Netherlands | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Martini Ziekenhuis, Netherlands | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Rode Kruis Ziekenhuis, Netherlands | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Haukeland University Hospital, Norway | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Hospital Universitari Vall D’Hebrón, Spain | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Linköping Hospital, Sweden | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Uppsala University Hospital, Sweden | <input type="radio"/> | <input checked="" type="checkbox"/> |
| University Hospital CHUV, Switzerland | <input type="radio"/> | <input checked="" type="checkbox"/> |
| University Children’s Hospital, Switzerland | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Universitätsspital Zürich, Switzerland | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Broomfield Hospital, UK | <input type="radio"/> | <input checked="" type="checkbox"/> |
| Chelsea and Westminster Healthcare, UK | <input type="radio"/> | <input checked="" type="checkbox"/> |

How long would you like to go abroad?

- 1 Month
- 2 Month
- 3 Month

Date of exchange: _____ from _____ to _____

**Please explain what you think will be different in the receiving hospital and explain why you would like to go to a specific hospital or country.
(max. 2000 characters):**

**How will you and your home centre benefit from the exchange?
(max. 1000 characters):**

**Anything else you would like to let us know?
(max 1000 characters):**

References – Chief of Department / Co-Worker / Supervisor

Full name: _____ Relationship: _____

Department: _____

E-mail: _____ Phone: _____

Full name: _____ Relationship: _____

Department: _____

E-mail: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are correct.

Signature: _____ Date: _____