



*HOPE EXCHANGE STUDY TOUR 4  
FOR SENIOR HOSPITAL PROFESSIONALS AND MANAGERS  
ESTONIA, OCTOBER 20-24, 2009*

APPLICATION FORM - p. 1 / 2

**APPLICATION FORM**

The applicants are kindly requested to complete this application form in English and to send it, **by e-mail**, to the two addresses mentioned in the end of the document.

1. Name .....

2. First name .....

3. Home address  
.....  
.....  
.....

4. Tel (country codes as well)

- Office +.....

- Home +.....

- Mobile phone +.....

Fax +.....

E-mail .....

Contact of family member (in case of emergency) .....

5. Professional data

5.1. Position (title/post) .....

5.2. Employing organisation (name, address)  
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5.3. Brief statement of duties (especially in relation with the theme of the exchange)  
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5.4. Professional education and qualifications  
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6. Brief statement of the motivation for your application  
(Please indicate also specific interests concerning the theme of the study tour)

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7. Proficiency in languages (fluent - fair - weak - none)

Mother tongue .....  
English.....  
Other.....

**Declaration**

By submitting this application I accept that the costs mentioned in the HOPE study tour for senior hospital professionals and managers 2009 called "Health services' planning and contracting in Estonia" will be paid by the participating candidate and/or his/her employing organisation.

Name	Place and date
.....	.....
Title and contact address	
.....	Signature
.....	
.....	.....

Application forms to be sent **BEFORE SEPTEMBER 4, 2009** by e-mail only to:

Ms Hedy EERIKSOO  
Estonian Hospitals Association  
Executive manager  
E-mail [info@haiglateliit.ee](mailto:info@haiglateliit.ee)  
Phone +372 677 7010

A copy of the application form should be sent to HOPE Central Office  
E-mail [sg@hope.be](mailto:sg@hope.be)