



BURSARIES PROGRAMME – APPLICATION FORM

| | | | |
|---|--|--------|--|
| Full name: | | | |
| Address: | | | |
| Country: | | Age: | |
| Phone: | | Email: | |
| If you are a Family Medicine trainee, please write a year of training, name and address of your training center: | | | |
| | | | |
| If you are a Family Medicine specialist within your first 5 years after qualification, please write a month and year of the qualification: | | | |
| | | | |
| Please, answer the following questions (use no more than 200 words for questions 1-6): | | | |
| 1) How will you benefit from attending the WONCA Europe Conference and EYFDM Preconference in Brussels? | | | |
| | | | |
| 2) Do you plan to invest the results of this experience in your country? If yes, how? | | | |
| | | | |
| 3) What kind of difficult life situation(s) made you apply for a bursary? | | | |
| | | | |
| 4) Have you engaged in any volunteering activity in the last 5 years? If yes, please describe briefly the activity. | | | |
| | | | |
| 5) What do you think are the strengths and weaknesses of Family Medicine in your country? | | | |
| | | | |
| 6) Have you ever published an article and/or presented oral presentation and/or poster? If yes, please indicate at least one of each. Please include details of any prizes or awards. | | | |
| | | | |
| 7) Have you submitted an abstract to WONCA Europe Conference in Brussels? If yes, write a title and ID of your submission. | | | |
| | | | |
| 8) Have you ever attended a WONCA Europe or EYFDM (previously VdGM) event (Conference, Preconference, Forum) If yes, please indicate which event(s). | | | |
| | | | |
| 9) Do you need to apply for visa to travel to Brussels? If you receive a bursary do you wish to receive a document confirming awarding bursary to support your visa application? | | | |
| | | | |