



ERN-EYE Short term exchange Application form

Applicant's information:

Full Name and title : _____

Institution Name: _____

ERN-EYE member: yes no

Profession & speciality: _____

Actual Department: _____

City/Country/ZIP: _____

Actual profile: _____

Number of years of work experience: _____

Head of department name: _____

Head of department e-mail & phone number: _____

Applicant's contact information:

e-mail address: _____

Mobile Phone number: _____

Address: _____

City/Country/ZIP: _____



Host LIST PRIORITY

Host HCP	Tutor	Main activities	Choice
1)			
2)			
3)			
4)			

Short stay objective

Main objective (title) : _____

Topic: _____

Exchange starting date: ___ / ___ / _____

Exchange end date : ___ / ___ / _____



**European
Reference
Network**

for rare or low prevalence
complex diseases

 **Network**
Eye Diseases (ERN-EYE)

Major current interests of the applicant in the field of Rare Eye Diseases (Clinical expertise, research main interest, etc....) (2000 characters max)





**European
Reference
Network**

for rare or low prevalence
complex diseases

 **Network**
Eye Diseases (ERN-EYE)

Objectives of the short stay (1500 characters max)





**European
Reference
Network**

for rare or low prevalence
complex diseases

 **Network**
Eye Diseases (ERN-EYE)

Expected benefits for your ERN-EYE HCP (2000 characters max)

