



Innovative Solutions to Address Current and (Re)Emerging Infectious Diseases at a Global Scale

APPLICANT CONTACT DETAILS

Name

Address

Phone E-mail

ORCID Number (*if available*)

EDUCATION AND EMPLOYMENT DETAILS

Nationality:

Education:

List your academic degrees from most recent to first

Date Received	Degree	Subject	University/Institution

Work Experience

Current employment:

Position (Title)

Name of Employer

Date of appointment:

Previous employment:

Dates employed (Month and year)	Position	Employer name

Research Experience: *Please describe your research career to date, including any projects undertaken as part of a degree, or as part of your previous work; also mention any prizes, or special achievements at undergraduate or post-graduate level (**maximum 300 words**).*

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Publications: Please list any publications. Please give the full citation including all authors, the title of paper and journal in which it was published. Submitted manuscripts can be included

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SUMMER SCHOOL

How will attendance at this workshop help your research career?: *Please describe why you wish to attend the summer school and how this will help your career (**maximum 300 words**).*

Referee: Please provide the names and contact details of two referees who we could contact.
No reference letters are required

Referee 1	Name:	
	Position:	
	Institution:	
	Telephone number:	
	E-mail address:	

Referee 2	Name:	
	Position:	
	Institution:	
	Telephone number:	
	E-mail address:	

Please send the completed form, together with your curriculum vitae / resume, by e-mail to your local Eurolife Network Liaison Officer

In the email subject line please use "Theme Infection Summer School"