

FORM P1 - APPLICATION FORM FOR CANDIDATES

SUMMARY			
Surname and first name			
Sex (male – female)			
Home country			
Profession			
Job title			
Country choice		Type of hospital	COMMENTS NATIONAL COORDINATOR
1st			
2nd			
3rd			
Other			

Before completing this application form, please consider the following information.

This is NOT a medical or technical programme. This is a multi professional programme. It is aimed at professions and professionals who are directly or indirectly involved in the management of European health care services and hospitals. HOPE cannot guarantee your choices or indeed that your application will find a placement. Failure to complete this document in full will reduce your chances of being allocated a place.

Candidates are kindly requested to complete this application form in English (French or German are also accepted, although the language of the possible host should be taken into consideration) and send it by email, fully completed, to the national co-ordinator before 31 October 2023.

**THE APPLICATION FORM P1 IS ONLY VALID IF ACCOMPANIED BY FORM P2
DECLARATION AND COMMITMENT**

PERSONAL INFORMATION	
Surname (or family name)	
First name	
Place of residence (full address)	
Sex (male – female)	
Date of birth	
Nationality	
Tel office	+
Tel home	+
Mobile	+
Fax	+
E-mail	
Best way to be contacted during the exchange period (mobile phone, personal e-mail or via the host)	
What are your hobbies?	

PROFESSIONAL INFORMATION	
Job title	
Organisation and address	
Name, position and address of the head of your department/unit	
Date commenced in your present appointment	
Describe your position in your present department/unit	

Please provide a one-page summary of your present job including reference to specific responsibilities (i.e. staff, budget, projects, units or subunits etc)

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MANAGEMENT QUALIFICATION AND EXPERIENCE

Present management position and previous health service and or management experience

Organisation	Position	Period

State your specific management qualifications (Degree, Master, etc.)

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State your medical background and experience, if any

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Other professional qualifications relevant to your present position

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EXCHANGE OPTIONS			
<p>Behind each host country, please find in brackets the language accepted on the exchange programme: English (E) - French (F) - German (D) - Spanish (S) - Italian (I)</p>			
Austria (D* ¹) (E*) Belgium (E) (F) Bulgaria (E) Denmark (E) Estonia (E) Finland (E) France (F)	Germany (D* ¹) (E*) Greece (E) Hungary (E) Ireland (E) Italy (I* ³) Latvia (E)	Lithuania (E) Malta (E) Moldova (E) The Netherlands (E) Poland (E) Portugal (E)	Serbia (E) Spain (S* ²) (E*) Sweden (E) Switzerland (D* ¹) (E) United Kingdom (E)
<p>* Basic knowledge of English (understanding and speaking) is required *¹ Basic knowledge of German (understanding and speaking) is required *² Basic knowledge of Spanish (understanding and speaking) is required *³ Basic knowledge of Italian (understanding and speaking) is required</p>			

EXCHANGE CHOICES	
<p>Countries in which exchange is preferred (in order of preference) National co-ordinator may advise on change of your preferences in discussion with yourself.</p>	
1 st choice country	
2 nd choice country	
3 rd choice country	
Other	
<p>Type of hospital/organisation in which exchange is preferred – tick as many boxes as you wish. Please specify if your interest is an example or if it is exclusive.</p>	
Primary care organisation	<input type="checkbox"/>
Acute hospital – teaching	<input type="checkbox"/>
Acute hospital – non-teaching	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>

PROFICIENCY IN LANGUAGES										
<p>Fill out according to the instructions in DOC 3 SELF-ASSESSMENT OF LANGUAGE PROFICIENCY. The level of the indicated language will be tested by the national co-ordinator of the host country.</p>										
Specify mother tongue										
ENGLISH FRENCH GERMAN SPANISH ITALIAN	Understanding				Speaking				Writing	
	Listening		Reading		Spoken interaction		Spoken production			

GENERAL	
<p>How did you get informed about the HOPE Exchange Programme?</p> <p>(Your organisation, friends, a former participant in the HOPE Exchange Programme, reading the advertisement, HOPE website, ...)</p>	
<p>State year and place of prior HOPE participations or other foreign exchanges, if any</p>	

Place and date

Signature

This document should be returned **BY EMAIL** to the national co-ordinator before **31 October 2024**.

Form P2, containing the necessary permissions, should be sent by email to the national co-ordinator before **31 October 2024**.