



## **Application form, MRMI international basic course**

**I hereby apply for a position as trainee in the MRMI international basic course at the location and time as below.**

**Location:**.....

**Time:**.....

**Name (block letters):**.....

**Address for correspondence** .....

.....

**Zip code**.....**Country**.....

**E-mail**..... **Mobile**.....

**Present position (specialty, profession, function)**.....

**Hospital/Institution/ Organization:**.....

.....

**Years in specialty/profession**.....

**I prefer to train in the following position (indicate “1” for first choice, “2” for second choice):**

Prehospital/transport  Hospital ED  Hospital OR  Hospital Anesthesiology/ICU

Hospital Command  Regional Command  Rescue/fire brigade  Police

Attended previous  National MRMI, year.....  International MRMI, year.....

Application form should be sent to.....

Dead-line for application.....

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**Signature**