



Application form, MRMI international instructor course

I hereby apply for a position as trainee in the MRMI international instructor 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:.....

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Years in specialty/profession.....

Attended previous basic course (prerequisite for application for instructor training):

National MRMI, year..... **location**.....

International MRMI, year.....**location**.....

Application form should be sent to.....

Deadline for application.....

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Signature