



## FORM FOR PARTICIPANTS IN THE WFHSS TRAINING PROGRAMME

**The WFHSS Member Association:**

.....

**Represented by:**

Name: .....

Email: .....

Phone Number: .....

Signature of the President:

**appoints:**

Name: .....

Address: .....

Country: .....

Email: .....

Phone Number: .....

Cell Phone: .....

Fax Number: .....

Preferred collaborative centre: .....

**to take part in the training programme of the WFHSS**

I need WFHSS training program grant

I will cover my own expenses

Date: .....

Signature of the attendee\*:

**\*CV of the attendee shall accompany the nomination form**