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

Signature of the attendee*:

Date:

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