



LABORATORY OF CLINICAL MICROBIOLOGY,
VIROLOGY AND BIOEMERGENCIES

Laboratory Biosafety Training Course



INTERNATIONAL SCHOLARSHIP COMPETITION CLIMVIB – LABORATORY BIOSAFETY TRAINING COURSE

APPLICATION FORM

*This form must be completed and submitted, with the relative supporting documents,
to info@climvib.eu by 17th April 2016.*

1. Personal Information

Title: Prof. Dr. other: _____ Mr. Ms. Mrs.

Family name: _____

First name: _____

Date of birth: ____/____/____ City and country of birth _____

Citizenship: _____

Home address: _____

Postal code: _____ City: _____ Country: _____

Organisation: _____

Position: _____

Postal code: _____ City: _____ Country: _____



2. Contact Information

Telephone: + _____

Fax: _____ E-mail: _____

3. Education

Degree title: _____

Date of award: _____

Awarding institution: _____

Country: _____

Do you hold an international English language certificate? _____

If yes, please specify name of the certificate, awarding institution, level and date of achievement:

4. Supporting documents

Do you intend to provide additional supporting documents, such as recommendation letters or publications? _____

If yes, please list any additional supporting documents you intend to send:

I authorize the processing of personal data for the purposes of the Laboratory Biosafety Training Course, under Italian law DL 196 of June 30, 2003.

Date: ____/____/____

Signature: _____