

REGISTRATION - HELP Course

17- 28 June 2019, Geneva

Please complete and return this form to help@icrc.org before 12 April 2019 with:

- A cover letter
- Your curriculum vitae
- Two letters of recommendation.

Personal information

Title:	Date of birth
Last name	Sex Male Female
Maiden name	Nationality
First Name	
Employer	Job Title
Profession	For ICRC: Mobile Resident
Address	Phone number
Postal Code	
City	Email address(es)
Country	

Sponsor

Who is paying for your training? ICRC me (no sponsor) other

For ICRC sponsored participants

Cost Center	Objective Code
Delegation	Contact person in the delegation

For other sponsored participants

Name and address of Sponsor:

Education, experience and motivation

Academic Background

Please list the medical qualifications you have (degrees, certificates, etc.) and training courses you have done, with dates

Professional Experience

Describe previous job experience relevant to the course, starting with the most recent

Field experience

Describe an experience that best illustrates what you do in the field (or have done)

Reasons for attending the course

Explain what you expect from the course in relation to your future work

