



IMRCO
International Medical
Research Collaborative

Training

Program

Application

UPLOAD COMPLETED APPLICATION, CURRENT CURRICULUM VITAE (OR RÉSUMÉ), AND PERSONAL STATEMENT AT WWW.IMRCO.ORG/SUBMIT-APPLICATION

APPLYING FOR NEED-BASED SCHOLARSHIP

If "YES", additional financial information must be sent to IMRCO to determine if you qualify for a need-based scholarship. See www.imrco.org/scholarships--sponsorships for details.

TRAINING PROGRAM

Please indicate the Training Program you are applying for (*check one*):

Medical Laboratory Training Program

Medical Rotation Training Program

APPLICANT INFORMATION

Please give your full name as it appears on your Passport:

Last Name(s) / Family Name(s) / Surname(s)

First Name(s) / Given Name(s)

Permanent Home Address

Gender

Nationality at Present

Nationality at Birth

Date of Birth
(MM/DD/YYYY)

Telephone Number

Email Address

EMERGENCY CONTACT

In case of emergency, notify:

Last Name(s) / Family Name(s)

First Name(s)

Email Address

Telephone Number

CURRENT & OTHER

Current Academy / Employer

Specific Role (e.g. student, medical doctor, etc.)

Do you have any mental or physical illness, allergy, disability or condition that may affect your ability to successfully complete the program, impact the health and wellbeing of other students or staff members, require special accommodation, monitoring, treatment or emergency intervention of any kind during the Program?
(Explain in "Additional Comments" if "YES")

On a 1-10 scale, how well do you speak English (10 being excellent)?

Do you have a Sponsor?

(Note: Sponsorship is not required. Please include their email if "YES")

Please include your sponsor's email address here, if "YES"

What are your top areas of scientific or clinical interest? (please list 3 below)

How did you hear about IMRCo?

Additional Comments / Details / Information [Optional]

Please read the "Terms & Conditions"

I have read and accept the "Terms & Conditions"

Signature

Date
(MM/DD/YYYY)