FORM P1 - APPLICATION FORM FOR CANDIDATES

SUMMARY			
First name and Last name			
Sex (male – female)			
Home country			
Profession			
Job title			
Describe your position in your present department/unit			
Country choice		Type of organisation	COMMENTS NATIONAL COORDINATOR
1st			
2nd			
3rd			
Other			

Before completing this application form, please consider the following information.
This is NOT a medical or technical programme. This is a multi professional programme. It is aimed at professions and professionals who are directly or indirectly involved in the management of European health care services and hospitals. HOPE cannot guarantee your choices or indeed that your application will find a placement. Failure to complete this document in full will reduce your chances of being allocated a place.

Candidates are kindly requested to complete this application form in English (French or German are also accepted, although the language of the possible host should be taken into consideration) and send it by email, fully completed and signed, to the national co-ordinator before 31 October 2024.

THE APPLICATION FORM P1 IS ONLY VALID IF ACCOMPANIED BY SIGNED FORM P2 DECLARATION AND COMMITMENT

PERSONAL INFORMATION		
First name		
Last name (or family name)		
Place of residence (full address)		
Sex (male – female)		
Date of birth		
Nationality		
Work phone or mobile	+	
Personal mobile	+	
Work e-mail		
Personal e-mail (optional)		
Best way to be contacted during the exchange period (tick the boxes)	q Work mobile q Personal mobile	q Work e-mail q Personal e-mail
What are your hobbies?		

PROFESSIONAL INFORMATION	
Profession	
Job title	
Organisation and full address	
Name and position of the head of your department/unit	
Date commenced in your present position	
Describe your position in your present department/unit	

Please provide a one-page summary of your present job including reference to specific responsibilities (i.e. staff, budget, projects, units or subunits etc.)

MANAGEMENT QUALIFICATION AND EXPERIENCE		
Present management position and previous health service and/or management experience		
Organisation	Position	Period
State your specific management qualifications (Degree, Master, etc.)		
State your medical background and experience, if any		
Other professional qualifications relevant to your present position		

EXCHANGE OPTIONS

Behind each host country, please find in brackets the language accepted on the exchange programme:
English (E) - French (F) - German (D) - Spanish (S) - Italian (I)

Austria (D*[1]) (E*) Belgium (E) (F) Bulgaria (E) Denmark (E) Estonia (E) Finland (E) France (F) (E)	Germany (D*[1]) (E*) Greece (E) Hungary (E) Ireland (E) Italy (I*[3]) (E) Latvia (E)	Lithuania (E) Malta (E) Moldova (E) The Netherlands (E) Poland (E) Portugal (E)	Serbia (E) Spain (S*[2]) (E*) Sweden (E) Switzerland (D*[1]) (E) United Kingdom (E)

* Basic knowledge of English (understanding and speaking) is required
*[1] Basic knowledge of German (understanding and speaking) is required
*[2] Basic knowledge of Spanish (understanding and speaking) is required
*[3] Basic knowledge of Italian (understanding and speaking) is required

EXCHANGE CHOICES

Countries in which exchange is preferred (in order of preference)

National co-ordinator may advise on change of your preferences in discussion with yourself.

1st choice country	
2nd choice country	
3rd choice country	
Other	

Type of hospital/organisation in which exchange is preferred – tick as many boxes as you wish.

Please specify if your interest is an example or if it is exclusive.

Primary care organisation	q
Acute hospital – teaching	q
Acute hospital – non-teaching	q
Psychiatry	q
Rehabilitation	q

PROFICIENCY IN LANGUAGES

Fill out according to the instructions in DOC 3 SELF-ASSESSMENT OF LANGUAGE PROFICIENCY.
The level of the indicated language will be tested by the national co-ordinator of the host country.

Specify mother tongue											
	Understanding				Speaking				Writing		
	Listening		Reading		Spoken interaction		Spoken production				
ENGLISH											
FRENCH											
GERMAN											
SPANISH											
ITALIAN											
.....											

GENERAL

How did you get informed about the HOPE Exchange Programme? (Your organisation, friends, a former participant in the HOPE Exchange Programme, reading the advertisement, HOPE website, ...)	
State year and place of prior HOPE participations or other foreign exchanges, if any	

Place and date

Signature

This document should be returned BY EMAIL to the national co-ordinator before 31 October 2024.

Form P2, containing the necessary permissions, should be sent by email to the Hope National Coordinators before 31 October 2024.