



OVERSEAS TRAINEE PROJECT

APPLICATION FORM

Applications must be postmarked or sent electronically to the IFBLS office no later than May 20, 2014

International Federation of Biomedical Laboratory Science

P.O. Box 2830, LCD 1,

Hamilton, ON L8N 3N8 Canada,

E-mail: communications@ifbils.org

Name of Member Association:	
Address:	
Country:	Telephone:
E-mail address(es):	Website Address:
Name of Applicant:	
Area of laboratory you work in:	
Address:	
E-mail address(es):	
Reasons for applying for Training Project: (use additional page if more space is required)	
Approval of Member Association required.	
Name and Signature of Association Approver:	
Letter of Recommendation from present Supervisor required (attach letter to application)	
Name of Supervisor:	
Monitoring plan for Spreading Information received at : (use additional page if more space is required)	

Date: _____

Signature of Applicant: _____

(For IFBLS office use only)

Date application Received by Office: _____

Application: Accepted _____ Rejected _____