



EADO European Association of Dermato Oncology

**EADO RESEARCH FELLOW  
APPLICATION FORM**

**Basic Information of applicant**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Sex : M/F:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Current position:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**E-mail :** \_\_\_\_\_

**Phone :** \_\_\_\_\_

**EADO member:** YES/ NO

**Current institution** (if resident or fellow employed at a medical center/ hospital/ university)

**Name:** \_\_\_\_\_

**Head:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

E-mail : \_\_\_\_\_

Phone : \_\_\_\_\_

**Host Institution** (EADO Center the applicant wishes to apply for)

Name: \_\_\_\_\_

EADO Center Head : \_\_\_\_\_

E-mail : \_\_\_\_\_

Duration of fellowship (1-3 months): \_\_\_\_\_

Preferred month(s) within 2020 (March-December):

\_\_\_\_\_

**Previous experience in Dermato-Oncology** (please describe in less than 100 words any previous experience in Dermato-Oncology, i.e., training during residency, congresses or courses attended, thesis, publication or abstracts in congresses)

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\* Please attach the following documents:

1. Brief CV
2. Agreement letter by Head of Department or employer allowing the Fellow to participate at the EADO Research Fellowship Program for the duration applied for

**Please send all relevant forms to Mrs. Melanie Maschino ([info@eado.org](mailto:info@eado.org))**

**Deadline of Submission: January 5, 2020**