**APPLICATION FORM**

**THE IFMSA DELEGATION TO UNFCCC**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name (Surname, First Name, Middle Name)** | | | | | | **Title (Mr/Ms/Mrs/Dr)** |
|  | | | | | |  |
| **Age** | **Date of Birth** | | | **Place of Birth** | | |
|  |  | | |  | | |
| **Citizenship** | **Complete Home Address** | | | | | |
|  |  | | | | | |
| **Civil Status** | | | **Passport Number** | | | |
|  | | |  | | | |
| **Passport Date of Issuance** | | **Passport Place of Issuance** | | | **Passport Date of Expiry** | |
|  | |  | | |  | |
| **Contact Number** | | | **E-mail Address** | | | |
|  | | |  | | | |
| **Name of Medical School** | | | | | | |
|  | | | | | | |
| **Name of Degree Program** | | | | | | |
|  | | | | | | |
| **Year in Medical School/Alumni?** | | | **Year of Graduation (Expected or Finished)** | | | |
|  | | |  | | | |
| **Name of NMO** | | | | | | |
|  | | | | | | |
| **Position in NMO (if any)** | | | | | | |
|  | | | | | | |
| **Position in IFMSA (if any)** | | | | | | |
|  | | | | | | |
| **Will I be able to attend the whole meeting? (Yes/No)** | | | | | | |
|  | | | | | | |

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| **How do I plan to finance my participation?** |
|  |
| **Do I need a support letter from IFMSA for my personal fundraising? (Yes/No)** |
|  |
| **Past and current experience relevant to global health, especially human resources for health and medical education (3 sentences or less)** |
|  |
| **How can I contribute to the delegation? (3 sentences or less)** |
|  |
| **How can my participation benefit IFMSA and its programs? (3 sentences or less)** |
|  |
| **Three past experiences in external representation (attending meetings, conferences, etc.)** |
| 1.  2.  3. |
| **Three most important achievements** |
| 1.  2.  3. |

Please submit this form to [gs@ifmsa.org](mailto:gs@ifmsa.org) and [vpe@ifmsa.org](mailto:vpe@ifmsa.org)

along with the following:

Curriculum Vitae (up to 2 pages)

Motivation Letter (up to 2 pages)