**EASL Nurses and AHPs Task Force Application**

Please complete the fields of the application form below.

|  |  |
| --- | --- |
| **EASL Membership #** |  |
|  | |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
|  | |
| **Date of Birth** (DD.MM.YYY) |  |
| **Gender** |  |
|  | |
| **Position / Job title** |  |
|  | |
| **Institute / Organisation** |  |
| **Institute address** |  |
| Number + street |  |
| Postcode |  |
| City |  |
| Country |  |
| Phone number |  |
|  | |
| **Home address** |  |
| Number + street |  |
| Postcode |  |
| City |  |
| Country |  |
| Phone number |  |
|  |  |
| **Areas of interest** |  |
| **Specialty** |  |

Please attach:

* A letter of motivation outlining your goals in joining the Task Force
* An updated CV
* Summary of achievements (e.g. a list of your publications, any grant income)

Submit your application to [patricia.pochelon@easloffice.eu](mailto:patricia.pochelon@easloffice.eu) with the subject line: **EASL Nurses and AHPs Task Force Application.**

Only complete applications will be considered.