**EASL Nurses & AHP Task Force Applications:**

Please complete the fields of the application form below.

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

Please attach:

* A letter of motivation and your aspirations to become a member of the Nurses & AHP Task Force.
* An updated CV
* a summary of your career achievements to date (including any publications, research, service delivery, clinical excellence, national or strategic working)

Submit your application to [governance@easloffice.eu](mailto:governance@easloffice.eu) with the subject line: **EASL Nurses & AHP Task Force Application.**

Only complete applications will be considered.