

Application form Dutch midwifery Summer School 2016.

First name, surname:	
Contact address: Email address:	
Date of birth:	
For certified midwives: Date and country of midwifery Certification:	*(please enclose a copy of the certificate)
Present function: Work address:	*(please enclose a reference of good conduct)
Motivation letter to come to the Netherlands	*(please enclose separate motivation letter of 500 words max.)
Application for one or two week Summer Course?	
Specific area of interest?	
Mother tongue: Fluency level of English language Spoken: Written:	
MRSA tested: Date- Result-	*(Swab from nose, throat and perineum. To be performed 1 month before start of visit)
Acceptance of payment of €350/€500 for 1 or 2 weeks (accommodation and meals is <i>not</i> included)	
Travel/indemnity insurance(if applicable):	*(please enclose a copy of the insurance)
Any other comments:	

For queries please mail international@knov.nl