

OXFORD SEXUAL MEDICINE PROGRAMME 2011

TWO-WEEK RESIDENTIAL COURSE ON SEXUAL MEDICINE

St Catherine's College Oxford, United Kingdom

Monday, 18th – Friday 29th July 2011



APPLICATION FORM

Title:	Forename:	Surname:
Preferred name for delegate badge:		
Place of work:		
Address for correspondence:		
Current Speciality (e.g. urology, family medicine):	Professional qualifications:	
Mobile: +	E-mail:	
Are you an ESSM member? Are you applying for an ESSM grant?	Are you an ISSM member and <i>not</i> an ESSM member? Would you like to receive information about ISSM grants?	
Nationality:	Do you belong to a national Sexual Medicine society? If yes, please specify:	
Any special dietary or other requirements?		

Name and e-mail-address of an ESSM/ISSM member that we may contact, who would be willing to provide a short reference for you:

If you are not an ESSM or ISSM (or an ASSM, APSSM, MESSM, SLAMS or SMSNA) member, you MUST join as a full or associate member before a grant can be awarded. You need not delay your application for a grant but the membership fee must be received by the relevant Society *before* any grant is confirmed.

To join ESSM, visit www.essm.org or contact your national affiliated society. To join ISSM, visit www.issm.info

Current Professional Status (e.g. consultant gynaecologist, specialist trainee in urology, family physician, etc.):

Post-graduate studies (qualifications, dates):

Relevant experience in sexual Medicine:

Research interests and achievements (thesis, grants, publications):

APPLICANT'S PERSONAL STATEMENT:

Provide a personal statement describing how participation in the Oxford Summer School will be of benefit to you and to your academic career in particular (maximum 200 words).

If paying the cost of the full course fees would cause you financial hardship, please describe why the grant is of importance to you (maximum 100 words).

Please return your application to: jan@sexualmedicine.org