

Course in Paediatric Oncology - application form



We are delighted to invite you to apply to participate in the 1st SIOP Europe Course in Paediatric Oncology – a new initiative designed to support young and promising paediatric oncologists in developing their careers in paediatric oncology!

Online Application Procedure:

- · Applications to participate in the Course can only be submitted electronically.
- · Applicants must meet the minimum selection criteria outlined below:

Minimum Selection Criteria

Applicants must:

- · Be fluent in written and spoken English
- Be a SIOPE member (or become a SIOPE member if selected)
- · Be dedicated to paediatric oncology
- · Be creative/out of the box thinking/talented
- Be a fellow/trainee with experience in paediatric oncology (for at least 12 months) OR
- Be a junior faculty member (instructor or an equivalent, assistant professor) who has competed fellowship training within the last 12 months
- Be a maximum of 40 years (fellow/trainee) or 45 years (junior faculty) at the beginning of the Course

The application form provided must be used and includes the following sections:

- Personal details and contact information
- . CV
- Letter of recommendation (from experienced colleague, SIOPE member)
- Career development plan (max. 250 words)
- · Time magazine article: imagine a breaking news article in pediatric hematology or oncology 10 years from now (max. 400 words)

Course application submission opens: 1 May 2020

Application submission closes: 15 September 2020

We encourage you to submit your application before the deadline to guarantee your place for this course. Applications received after the deadline will not be accepted.

Please ensure your application is complete prior to submission. A confirmation of receipt of application will be sent immediately upon submission.

Applicants will be notified of the status of their application in October 2020.

If you have queries or require further information, please send an email to: edu@siope.eu

This application form consists of 31 questions and may require a longer time to complete (>1h). Please note that ongoing work is automatically saved in the online survey. If you are working on the same server and from the same device (i.e. same IP address), you can get back to this form and finish your answer later.

All questions marked with an asterisk (*) are mandatory.

Please click "Next" to start the survey.



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Applicant Information	on				
Degree(s) held (MD, DO, PhD, etc.)					
Last name					
First name					
2. Email					
3. Date of birth (DD/N	IM/YYYY)				
* 4. Gender					
Male					
Female					
* 5. SIOPE member					
Yes					
No					
6. Have you participa	ed in a SIOPE or S	SIOPE-related ev	ent? If so, whi	ch one(s)?	
7. Oncology discipline	e (e.g. paediatric on	cology, radiology	/ etc.)		
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8. Oncology speciality	(e.g. sarcoma, ALL etc.)	
9. Experience		
Number of years of experience in your		
discipline		
Number of years of clinical training		
10. Still on training/trai	ining completed? Please specify type of training	
11. Please describe tr	aining abroad if applicable (duration, type of training, institution)	
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	on for research or clinical track*	
Research		
Clinical		
	there will be two separate working groups; one with more emphasis on research related skills/topics, one with m opics in clinical work.	ore
5. Please provid	ide a short motivation for your choice	1

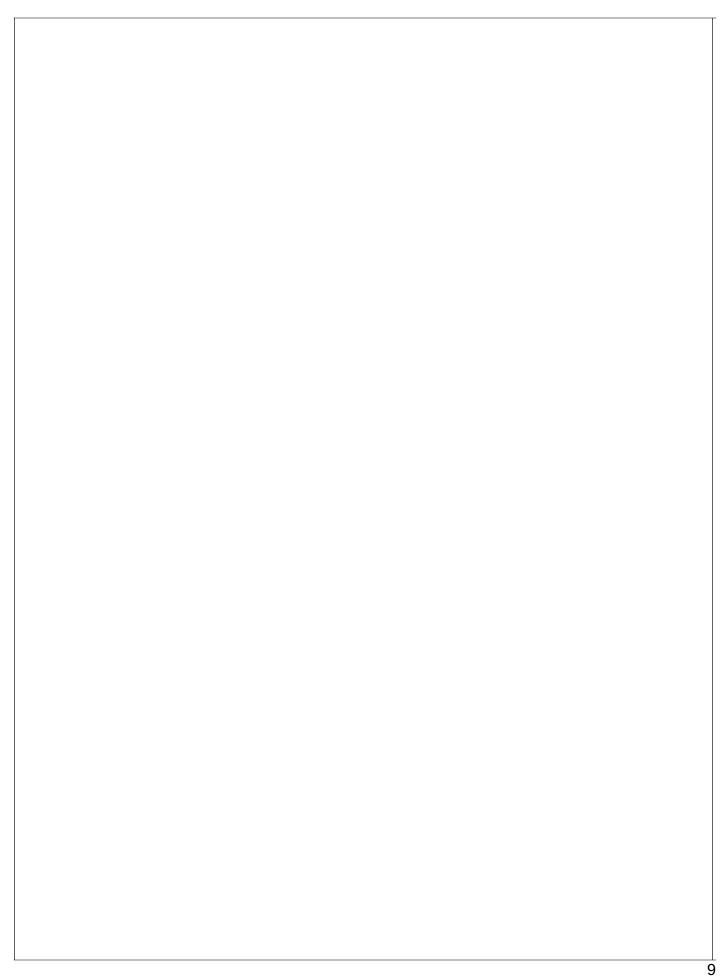


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* 16. Short summary of your CV	
Please write a short summary of you	our CV (maximum 200 words)
[*] 17. Medical employment	
Job description/job title, name of in	stitution, dates of employment
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18. Education and qualifications Name of institution, course or degree	
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* 27. Time magazine article
Imagine a breaking news article in pediatric hematology or oncology 10 years from now (max. 400 words)
* 28. Career development plan (max 250 words)
* 20 Unload a latter of recommendation 1/2 (from an experienced collegeus or SIODE member)
* 29. Upload a letter of recommendation 1/3 (from an experienced colleague or SIOPE member) Choose File Choose File No file chosen
* 30. Upload a letter of recommendation 2/3 (from an experienced colleague or SIOPE member)
Choose File Choose File No file chosen
* 31. Upload a letter of recommendation 3/3 (from an experienced colleague or SIOPE member)
Choose File Choose File No file chosen

