# 1st ESO Stroke Rehabilitation Workshop, Vienna, Austria 2020

Application form

Please complete this form using a computer

Send this form along with your CV (max. 2 page) in one file via e-mail to: esoinfo@eso-stroke.org

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| --- | --- |
| First name |  |
| Last name |  |
| Title |  |
| Date of birth (dd/mm/yyyy) |  |
| Country of residence |  |
| Nationality |  |
| e-mail address |  |
| Current institution |  |
| Department |  |
| Address |  |
| Current position |  |
| English skills | □ poor ☐ moderate ☐ good ☐ excellent |

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| Special requirements |
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| Years in clinical training (in other clinical specialties, if applicable). |
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| Previous clinical experience. |
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| Individual learning goals for the ESO Stroke Rehabilitation Workshop. |
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