

APPLICATION PROCEDURE

STEPS

1. Complete the application form.
2. Add a copy of the diploma of your highest qualification and your identity card.
3. Add your curriculum vitae.
4. Send these documents to:
ECSF secretariat
to Mr. Kurt Eggers
Sanderusstraat 45
2018 Antwerp
Belgium
5. Applicants will receive a notification after receipt of documents.
6. The ECSF-consortium provides a list of selected candidates.
Individual letters will be sent out to these candidates confirming their admission.
7. Selected candidates will receive an invitation to officially register for the ECSF-course.
8. Registration is final after payment of registration fee.



EUROPEAN CLINICAL SPECIALIZATION FLUENCY DISORDERS

SEND TO:

Mr. Kurt Eggers
ECSF Coordinator
Sanderusstraat 45
2018 Antwerp Belgium

T 0032 499 23 55 34
F 0032 3 201 18 99
kurt.eggers@lessius.eu
www.lessius.eu

APPLICATION FORM*

PRIVATE

Title: Mr. / Ms. / Mrs.

First name: Family name:.....

Date of birth:..... /..... /..... (dd/mm/yyyy) Nationality:.....

Street: Nr:.....

Postal code: City:..... Country:.....

Tel: E-mail:

Only for persons of Belgian nationality:

Place of birth: Rijksregisternummer:

PROFESSIONAL

Position:

Organisation: Department:

Street: Nr:

Postal code: City: Country:

Tel:

Years of professional experience:

EDUCATIONAL

Highest qualification: Bachelor / Master / Licentiaat / other

Institute: Country: Year:

Full name of qualification:

Additional qualifications:

* Only use capitals



Addendum 1: Motivation letter

Describe in max. 500 words (English) your motivation for taking part in this specialization course.



EUROPEAN CLINICAL SPECIALIZATION FLUENCY DISORDERS

Addendum 2: Mentor proposal

The ECSF-mentor is an SLT with significant professional experience in treating PWS and with proved evidence of continued professional development in the last 5 years. The applicant will suggest 2 persons (ideally in his/her own country) who could take on the role of his/her mentor. The mentor's primary role is to provide guidance and support to the trainee based on his or her unique developmental needs.

The mentor will need to be approved by ECSF.

Mentor proposal 1

Title: Mr. / Ms. / Mrs.

First name: Family name:.....

Street: Nr:.....

Postal code: City:..... Country:.....

Tel: E-mail:

Mentor proposal 2

Title: Mr. / Ms. / Mrs.

First name: Family name:.....

Street: Nr:.....

Postal code: City:..... Country:.....

Tel: E-mail:



Addendum 3: Curriculum vitae

This includes all relevant information (English).