**Call for participants for Blended Intensive Programme**

**“DentalOmics: Transnational agreement for interdisciplinary dentistry.”**

1. **Personal data:**

Surname:

Name:

Telephone number: E-mail:

Name of the Students University:

1. **Information about studies:**

Students of Dentistry: YES/NO\*

Year of studies:

Field of Studies if not from Dentistry:

The declared level of English language (self-evaluation):

1. **Why do you want to participate in the *Erasmus+ DentalOmics Blended Intensive Programme*?**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Have you been selected for the Erasmus+ DentalOmics Blended Intensive Programme by your University, or will you be covering your travel by other funds?**

* Selected by the University: YES/NO
* Covering the trip and stay from personal funds: YES/NO

1. **In the case of being selected\*\* to participate in *Erasmus+ DentalOmics Blended Intensive Programme* would you like to stay in Wroclaw Medical University Dormitory?**

* YES
* NO

...................................................................................

Signature