**Vascular Surgery Summer School Application Form**

Please complete the following application form if you are interested in applying for the Vascular Surgery Summer School. Along with this completed application form, please submit the following documents via email to **dluga.vascular.surgery@gmail.com**

* Curriculum Vitae (CV)
* Cover Letter

**Personal Information:**

First Name: Last Name:

Date of Birth (DD/MM/YYYY):

Email Address:

Phone Number:

Medical School Name:

Current Year of Study (4th/5th/6th):

Address:

**Academic Background:**

Please briefly describe your academic achievements relevant to surgery/vascular surgery (e.g., coursework, research, clinical experience):

**[Max 200 Words]**

**Motivation:**

Why are you interested in participating in the Vascular Surgery Summer School?

**[Max 200 Words]**

**Expectations:**

What do you hope to gain from this experience?

**[Max 200 Words]**

**Additional Information:**

Is there anything else you would like to include in your application?

**[Max 100 Words]**

**Submission Requirements:**

To complete application, please submit the following documents by email to dluga.vascular.surgery@gmail.com:

* Completed Application Form
* Curriculum Vitae (CV)
* Cover Letter

**Application Deadline:** 31st May 2024

**Notification of Acceptance:** Applicants will be notified by 10th June 2024

***By submitting this application, you confirm that all information provided is accurate and truthful to the best of your knowledge.***

**[Signature]**

**Date:** [Date of Application Submission]

For any inquiries or further information, please contact us at dluga.vascular.surgery@gmail.com.

Thank you for your interest in the Vascular Surgery Summer School!