TIGRIS D43 Training Programme

APPLICATION FORM

Complete the form FULLY in Adobe Acrobat (4 pages)

Upload to immunopaedia.org.za/course-applications/tigris

First Name:

Last Name:

Email:

Date of birth (DD/MM/YYYY):

Male ◯ **Female** ◯ **Prefer not to disclose** ◯

Status Career:

Masters Student ◉ **PhD Student** ◯ **Post-Doctoral Fellow** ◯

MMed ◯ **Mphil** ◯ **Other**

Nationality (name the country):

Current Institution:

Current City:

Current Country:

What year of study are you in? (See Status of Career)

3 Keywords in your Research Field (eg. IBD, Cancer, Food Allergy, Immunotherapy):

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500 Word Abstract of your project

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200 Word Career Motivation Statement