



29TH WONCA EUROPE CONFERENCE BURSARIES PROGRAMME – APPLICATION FORM

Full name:			
Address:			
Country:		Age:	
Phone:		Email:	
If you are a Family Medicine trainee, please write a year of training, name and address of your training center:			
If you are a Family Medicine specialist within your first 5 years after qualification, please write a month and year of the qualification:			

Please, answer the following questions (use no more than 200 words for questions 1–6):

1) How will you benefit from attending the WONCA Europe Conference and EYFDM Preconference in Dublin?
2) Do you plan to invest the results of this experience in your country? If yes, how?
3) What kind of difficult life situation(s) made you apply for a bursary?
4) Have you engaged in any volunteering activity in the last 5 years? If yes, please describe briefly the activity.
5) What do you think are the strengths and weaknesses of Family Medicine in your country?
6) Have you ever published an article and/or presented oral presentation and/or poster? If yes, please indicate at least one of each. Please include details of any prizes or awards.
7) Have you submitted an abstract to WONCA Europe Conference in Dublin? If yes, write an ID of your submission.
8) Have you ever attended a WONCA Europe or EYFDM (previously VdGM) event (Conference, Preconference, Forum) If yes, please indicate which event(s).
9) Do you need to apply for visa to travel to Dublin? If you receive a bursary do you wish to receive a document confirming awarding bursary to support your visa application?

The filled application form should be saved in PDF and send to woncaeurope2024@guarant.cz