



Application form short courses

- Public Health, specialisation Epidemiology (MSc)
- Health Sciences Research Master (MSc)

A. PERSONAL INFORMATION

1. Names

Last name _____ First name _____

Middle name(s) _____ Prefers to be called _____

2. Gender: Female Male 3. Date of birth (day/month/year) ____/____/____

4. Place of birth: City _____ Country _____

5. Nationality: _____

B. ADDRESS(ES)

6. Mailing address (*This address will be used for all correspondence*)

Department _____ Institution _____

Street and number _____

City _____ Postal (Zip) Code _____

Country _____

Telephone _____ Fax _____

7. Permanent (home) address (*if different from above, not necessary for PhD-students Maastricht University*)

Street and number _____

City _____ Postal (Zip) Code _____

Country _____

Telephone _____ Fax _____

8. E-mail address _____



C. POSSIBILITIES TO SECURE ADMISSION TO A SHORT COURSE

There are several possibilities to secure admission to a short course

Please tick the appropriate box:

- PhD student of the institute CAPHRI
- PhD student Maastricht University
- PhD student elsewhere
- Bachelor degree (or equivalent) issued by a Dutch university
- Master degree (or equivalent) issued by a Dutch university
- Bachelor degree (or equivalent) issued by a *non*-Dutch university and sufficient prior knowledge of English
- Master degree (or equivalent) issued by a *non*-Dutch university and sufficient prior knowledge of English

E. EDUCATION

9. Highest educational institution you most recently attend(ed):

Name _____

City _____ Country _____

Date of entry (day/month/year) ____/____/____ (Expected) date of graduation ____/____/____

10. Name of the degree received or expected _____

11. Please, if you are not a PhD-student at Maastricht University or a CAPHRI or CARE PhD student, include certified (bearing the seal of the institution and the signature of the Head or the Registrar) photocopies of your diploma and/or (if you have not yet graduated) the last transcript indicating both subjects taken and grades or credits earned. Furthermore you need to hand in a passport photograph.

D. SHORT COURSES

Please indicate which course you wish to follow:

Short courses	from	to	costs*	apply before	ECTS
<input type="checkbox"/> Trial-based economic evaluations (HTA)	September	October	€ 1200, -	August	6
<input type="checkbox"/> Intervention research	September	October	€ 1200, -	August	6
<input type="checkbox"/> Observational research	November	December	€ 1200, -	October	6
<input type="checkbox"/> Cost-effectiveness modelling methods (HTA)	November	December	€ 1200, -	October	6
<input type="checkbox"/> Advanced statistical analysis techniques for epidemiology	January	February	€ 1200, -	December	6
<input type="checkbox"/> Health measurement	September	early October	€ 600, -	August	3
<input type="checkbox"/>	January	early February	€ 600, -	December	
<input type="checkbox"/> Applied epidemiology and genetic epidemiology	November March	December April	€ 1200, -	October February	6
<input type="checkbox"/> Basic ethics of Health Care research	February	early March	€ 600, -	January	3
<input type="checkbox"/> Advanced ethics of Health Care research	May	mid June	€ 600, -	March	3
<input type="checkbox"/> Theoretical foundations and challenges in HTA	March	mid May	€ 1200, -	February	6
<input type="checkbox"/> Designing & conducting qualitative research	March	mid May	€ 1200, -	February	6
<input type="checkbox"/> Advanced diagnostic research	March	mid May	€ 1200, -	February	6
<input type="checkbox"/> Process evaluation	March	mid May	€ 1200, -	February	6
<input type="checkbox"/> Implementation research	May	Early July	€ 1200, -	April	6
<input type="checkbox"/> Systematic literature review	October	December	€ 600, -	September	3
<input type="checkbox"/>	May	mid June		April	

*Payment for Dutch students is only possible by direct debit / Nederlandse studenten kunnen alleen deelnemen als zij toestemming geven voor een automatische incasso



H. ADDITIONAL INFORMATION (OPTIONAL)

Please use this box for any additional information you would like to give.

I. APPLICATION CHECKLIST

Please check the following before submitting in your application:

- Answered all questions on the application form
- Included a copy of your valid passport or ID-card
- Included a passport photo (only non-Maastricht University students/employees)
- Signed the application form

J. SIGNATURE

I certify that all the statements I have made on this application form are correct and complete

Date ____/____/____ Signature _____

Please send all the requested information to:

Maastricht University
Mrs. C. van Gool
Department of Epidemiology
P.O. Box 616
NL-6200MD Maastricht
The Netherlands

*MAASTRICHT UNIVERSITY RESPECTS
THE PRIVACY OF ITS APPLICANTS
AND GUARANTEES THAT THEY WILL TREAT ALL
APPLICATIONS
WITH THE GREATEST CONFIDENTIALITY*