







## GHANA NORWAY SUMMER SCHOOL ON MRI, ULTRASOUND AND X-RAY IMAGING

JUNE 25 - 29, 2018 TAMALE, GHANA

## **TAMALE, GHANA APPLICANT INFORMATION** Click to insert Passport Picture Prefix: Prof Dr. Rev. Mr. Mrs. Ms Surname: First Name Middle Name: Profession/Student/Intern: Phone: Residential Address: Organization / Institution City / Country of Residence: E-mail address: **EMPLOYMENT/EDUCATION INFORMATION** Organization / Institution: Institution/Employer address: Job Title: PROFESSIONAL PRACTISE OF INTERST Medical Physicist-Diagnostic Physician Health Physicist Medical Physicist-Nuclear Medicine Medical Physicist-Radiotherapy Student Radiation Protection Intern Radiographer-Diagnostics Radiographer-Therapy Biomedical Engineer Others Radiologist

FOR STUDENTS ONLY		
Educational Institution:	Year Attended (From – To)	Field of Study
1.		
2		
2.		
3.		
FOR WORKERS OR PROFESSIONALS ONLY		
Description of your duties :		
ANY OTHER INFORMATION		
Have you participated in the summer school before? <b>yes no</b>	If yes, which year?	
Main benefits to be gained by attending the summer school	How do you intend to apply the knowledge and skills obtained from the summer school?	Any other remarks that might be of help to the selection panel
		1
DECLARATION BY APPLICANT:		
I (full name) wish to state that the information I have given is to the best of my ability. Any false information shall lead to the cancellation of my application		
Signature of applicant:		Date:

All completed registration forms should be forwarded to the following:

- Dr. Stephen Inkoom (Tel: +233-24-4972758; Email: sinkoom@gmail.com)
- Dr. Francis Hasford (Tel: +233-26-4945805; **Email:** haspee@yahoo.co.uk)
- Dr. Abdul Nashirudeen Mumuni (Tel: +233-26-3778818; Email: mnashiru@uds.edu.gh)