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| Text  Description automatically generated | Application **Sleep Course 2021/2022** |

# **Sleep Training Course: Medical and Technical aspects of Sleep Medicine**

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| **PERSONAL INFORMATION** |

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| **Full Name:** |       |
| **Birth Date:** |       |
| **Adress:** |       |
| **Zip Code:** |      -     | **Region**: |       |
| **VAT number:** |        |
| **ID card:** |  N.º              |
|  | Expiration date:        |
| **Phone number:** |       E-mail:       |
| **Nacionality** |       |

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| **ACADEMIC INFORMATION** |
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|  | Undergraduate degree       | Other degree?      Conclusion year:        |

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| **CONDITIONS** |

Application fee: 55,00€

* + - * Full Course (Theoretical and practical components) – 1000€ [ ]
			* Theoretical Part – 800€ [ ]

Certificate: 40,00€

**PAYMENT**

After receiving the application form, will be sent a confirmation e-mail with further instructions.

**Do you want the receipt:**

 **[ ]**  on your own name

[ ]  in the name of:

|  |
| --- |
| **Send your application form as well as copy of your ID card to:** |

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| Institute of Health Sciences Universidade Católica PortuguesaEdificio da Biblioteca João Paulo II – 5º PisoPalma de Cima, 1649-023 Lisboa**Further information at:** [www.ics.lisboa.ucp.pt](http://www.ics.lisboa.ucp.pt)  | ***or*** | saude.sede@ucp.pt  |

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| How did you know about this course?  |

Through:

1. Professors and Staff from ICS **[ ]**

2. Internet/mail:

2.1. Mail sent by ICS **[ ]**

2.2. ICS Website (UCP) **[ ]**

2.3. Facebook **[ ]**

2.4. Google **[ ]**

3. Current Student:

 4.1. From Institute of Health Sciences **[ ]**

 4.2. From other Faculty of UCP **[ ]**

4. Alumni:

 4.1. From Institute of Health Sciences **[ ]**

 4.2. From other Faculty of UCP **[ ]**

5. Other:

 5.1. Work Collegues **[ ]**

5.2. Friends and family **[ ]**

6. Other (please, explain) **[ ]**

##

[ Date ]