**ONLINE Summer School**

**Pharmaceutical Pricing and Reimbursement Policies**

**Monday, 5 July 2021 – Friday, 9 July 2021**

**Application form**

**General information**

1) Gender:  female /  male  diverse

2) Academic title(s): ……………………………………………

3) First name(s): ……………………………………………

4) Last name(s): ……………………………………………

5) Email: …………………………………………………….

6) Contact telephone number (pls. indicate the prefix for your country, e.g. +44 ): + …………………

7) Date of birth (DD/MM/YYYY): …………………………

8) Citizenship: ……………………………………………..

**Work place**

9) Institution (name in country language): …………………….

Institution (name in English translation): ………………………

10) Type of institution: please select

Ministry of Health  Other Ministry (please specify): …………………….

National Health Service  Social Health Insurance  Medicines Agency

Regional authority  Other (please indicate): …………..

11) Department: …………………………………………………

12) Job title: ………………………………………………………

13) Address – street and no.: ……………………………......

14) City: …………………………………………………………..

15) Postal Code/ZIP Code: ……………………………………

16) Country: ……………………………………………………..

**Expertise**

17) Professional background: please select

Pharmacist  Medical doctor  Economist  Other (please specify): …………………….

18) Job description: ……………………………………………………..

19) Working in the field of medicines (not necessarily pricing and reimbursement) since ………

20) Expertise in pharmaceutical pricing and reimbursement:

none/newcomer  fair  experienced (pls. specify – specific skills, since when): …………………….

21) Level of English:  elementary  intermediary  advanced  proficient

**Motivation**

22) Motivation to attend the Summer School:

Please describe briefly why you want to attend this course, how the content of the course is relevant to your work and how you plan to apply in your work what you have learned (max. 500 words). Feel free to submit your motivation letter on a separate sheet of paper.

**Commitments**

23) I confirm that I am available for the full period of the Summer School to be held from 5 July – 9 July 2021:  yes  no

24) I confirm that if my application to the Summer School is accepted, I will be able to pay the registration fee of **EUR 250**:

yes  no

Any comments: …………………….

25) Is the billing address the same as indicated above? Please select)  yes  no

If not, please indicate the billing address:

Institution: …………………….

Street: …………………….

City: …………………….

Postal code / ZIP code: …………………….

Country: …………………….

**Further information**

26) In the frame of the Summer School, the experts of the WHO Collaborating Centre offer, upon request, consultancy sessions to actual challenges in your work experience related to pharmaceutical pricing and reimbursement.

I am interested to benefit from such tailor-made consultancy, and in return, I will provide in advance all necessary information to support preparation.

yes, pls. specify tentative topic: ……………………………….  no

27) Any further comment? (e.g., suggestions for topics that should be covered at the Summer School etc.)

………………………….

**Data protection regulations**

28) We are processing the data you entered here for the sole purpose of managing a list of potential attendees at our summer school. Your contact data will not be forwarded to 3rd parties. Details can be found in [our data protection regulations](https://ppri.goeg.at/Data_Protection).

I accept the data protection regulations.

**Please send the completed application form by email to** [**whocc@goeg.at**](mailto:whocc@goeg.at)

**by Friday, 30 April 2021!**