Professional experience

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6th ESO-ESMO EASTERN EUROPE AND BALKAN REGION   
MASTERCLASS IN MEDICAL ONCOLOGY**

**12-17 April 2019, Split, Croatia**

**Prof experience (DEADLINE: 18 December 2018)**

Please complete this form and upload it when submitting your online application. Thank you.

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Please describe below your 2-3 years’ experience in medical oncology:

|  |  |
| --- | --- |
| Year / period | Description |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please describe below your involvement in scientific activities and clinical trials:

|  |  |
| --- | --- |
| Year / period | Description |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

How would you divide the percentage of your daily work that you are involved with (sum should be 100%):

|  |  |
| --- | --- |
| Brain tumours | % |
| Breast cancer | % |
| Colorectal cancer | % |
| Gastrointestinal cancer | % |
| Gynaecological cancer | % |
| Haematological diseases | % |
| Head and neck cancer | % |
| Lung cancer | % |
| Melanoma and sarcoma | % |
| Palliative care | % |
| Paediatric oncology | % |
| Urological cancer | % |
| Supportive care | % |
| Research: | % |
| Else: | % |
| Else: | % |

How would you rate your English, from 1 (basic) to 5 (mother tongue) ?

|  |  |
| --- | --- |
| Rate |  |

|  |  |
| --- | --- |
| Have you attended the EEBR masterclass before | 🞏 Yes which year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No |

ESMO Membership

|  |  |
| --- | --- |
| Are you an ESMO Member? | 🞏 Yes Please provide your ESMO ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 No |
| Are you interested in taking the ESMO Exam? | 🞏 Yes  🞏 No |
| Have you already registered for the 2019 ESMO Exam? | 🞏 Yes  🞏 No |
| Would it be possible for you to attend the ESMO Examination session at the main ESMO Congress or would you prefer to sit the ESMO Exam in a parallel session in your country? | 🞏 ESMO Congress  🞏 ESMO Exam in a parallel session in your country |
| I agree to pass on my contact details to ESMO and to be contacted by ESMO | 🞏 Yes  🞏 No |

Membership: please indicate here if you are member of a society

|  |  |
| --- | --- |
| National | Name of the society/ies |
| International | Name of the society/ies |