

# AOT ORP faculty application form

(only typewriting accepted)

Current photo

## Personal details

Title (Mr/Mrs/Miss/Ms/Other)\*: \_\_\_\_\_

Family name\*: \_\_\_\_\_

First/given name\*: \_\_\_\_\_

Date of birth (ddmmyyy)\*: \_\_\_\_\_

Professional qualifications\*: \_\_\_\_\_

## Place of work

Position held \*: \_\_\_\_\_

Name of hospital\*: \_\_\_\_\_

Department\*: \_\_\_\_\_

Street/location\*: \_\_\_\_\_

Region (county/state): \_\_\_\_\_

Postal/zip code\*: \_\_\_\_\_

Country\*: \_\_\_\_\_

## Contact details

Work telephone\*: \_\_\_\_\_

Work fax: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

**Mailing address**House number & street\*:  
\_\_\_\_\_Town\*:  
\_\_\_\_\_Region (county/state):  
\_\_\_\_\_Post code\*:  
\_\_\_\_\_Country\*:  
\_\_\_\_\_**AO course attendance history**

Please state location and year\*

Type

Location

Year

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_

Place and date: \_\_\_\_\_

**Please enclose:**

- Curriculum vitae
- Copy of AOTrauma Course Certificate
- Letter of recommendation from an active AOTrauma member
- Letter of recommendation from head of hospital or department

**Please return application forms to:**

AOTrauma, ORP, Clavadelerstrasse 8, 7270 Davos Platz, Switzerland  
orp@aotrauma.org