**INSCHRIJFFORMULIER AIO-CURSUS / REGISTRATION FORM AIO COURSE**

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| Reliability, agreement and validity studies | **0831** |
| **GEGEVENS AANMELDING / REQUIRED INFORMATION FOR APPLICATION** |
| Achternaam/Family name |  |
| Voornaam/First name |  |
| Geslacht/Gender |  |
| (UMCard) UMkaart: ID nr./personal nr. | UM 700…………… |
| Vakgroep & Faculteit/Department & Faculty |  |
| School, *please name* (Nutrim, Grow etc.) |  |
| Locatie UM (*locatie* ***+*** *afd.* ***+*** *kamernr.)*Location UM (*location* ***+*** *dept.* ***+*** *room no* ) |  |
| Thuisadres (*adres* ***+*** *postc.* ***+*** *woonplaats*)Home address *(address* ***+*** *postal code* ***+*** *city*) |  |
| Telefoon werk/Telephone work |  |
| GSM Mobiel nr / Mobile number |  |
| FTE/Fulltime equivalent |  |
| Geboortedatum/Date of birth |  |
| Geboorteplaats/Place of birth |  |
| Geboorteland/Country of birth |  |
| Vooropleiding/Previous education |  |
| Opleidingsplaats (*stad* ***+*** *land*)Place of Education (*name city* ***+*** *country*) |  |
| E-mail  |  |
| Datum in dienst/Date of Employment |  |
| Datum uit dienst/End of Employment |  |
| Promotor/Promotor |  |
| Begeleider/Mentor-Supervisor |  |
| AIO-NA-OIOTHO-OIO-Phd etc.AIO-not AIO-OIOTHO-OIO-PhD etc.Anders-benoem/Other-name |  |

Blok facturering bestemd voor externe deelnemers/This part applicable for external participants

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| **FACTURERING** \*)invullen verplicht / **BILLING** \*) completion mandatory |
| Kosten worden gedragen door VakgroepFunding by Department |  |
| BudgetnummerBudget number |  |
| Naam budgethouder + locatie UMResponsible for budget (name) + location UM |  |
| Factuuradres (indien van toepassing)Billing address (if applicable) |  |

**INSCHRIJFFORMULIER STUREN AAN/PLEASE SEND APPLICATION FORM TO**
*aioonderwijs@maastrichtuniversity.nl*