**APPLICATION FOR MEMBERSHIP**

**of the ERS HERMES Examination Committee   
in Paediatric Respiratory Medicine**

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| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **Current position held:** |  |
| **Place of work:** |  |
| **Experience with examinations:** |  |
| **Other experience with assessment:** |  |
| **Reason(s) for applying for vacancy:** |  |

|  |  |
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| **Names and email of two ERS members who are willing to support the application** | |
| 1. |  |
| 2. |  |

**Signature:**

**Date:**