



Tsukuba Medical Laboratory of Education and Research (TMER) in cooperation with the International Federation of Biomedical Laboratory Science are pleased to announce their support of an overseas trainee project in 2013.

TMER will select one foreign trained technologist as a trainee for education in haematology.

- Date:** November 11-17.2013 (for 7 days)
- Course:** Lectures and practical training in haematology. Instructions will be given in Japanese or English.
- Place:** Tsukuba Medical Laboratory of Education and Research NPO and University of Tsukuba Hospital, Japan
- Support:** Air fare up to 100,000 JPY
Living expenses in Japan for up to 50,000 JPY
Practical training included
TMER will organize the hotel arrangements for the training period
Welcome dinner will also be included
- Criteria:** Successful candidate is expected to share their new knowledge with their co-workers when they return to their place of work.
A letter of recommendation from their supervisor is required.
The successful candidate must agree to all financial restrictions.

Applicant must be an **active BLS and must be recommended by their Association who is in good standing with IFBLS**. The successful applicant will be given a letter of invitation and a certificate of completion from TMER and IFBLS.

Applications must be received at the IFBLS office between June 24, 2013 and August 31, 2013: by mail to IFBLS or by email communications@ifbls.org
P.O.Box 2830, LCD 1
Hamilton, ON
L8N 3N8
Canada



OVERSEAS TRAINEE PROJECT
APPLICATION FORM

Applications must be postmarked or sent electronically to the IFBLS office between May 1 and no later than August 31, 2013.

International Federation of Biomedical Laboratory Science

P.O. Box 2830, LCD 1,

Hamilton, ON L8N 3N8 Canada, E-mail: communications@ifbils.org

Name of Member Association:

Address:

Country:

Telephone:

E-mail address(es):

Website Address:

Name of Applicant:

Area of laboratory you work in:

Address:

E-mail address(es):

Reasons for applying for Training Project: (use additional page if more space is required)

Approval of Member Association required.

Name and Signature of Association Approver:

Letter of Recommendation from present Supervisor required (attach letter to application)

Name of Supervisor:

Monitoring plan for Spreading Information received at :

(use additional page if more space is required)

Date: _____

Signature of Applicant: _____

(For IFBLS office use only)

Date application Received by Office: _____

Application: Accepted _____ Rejected _____