Association for Haemophilia and Allied Disorders – Asia Pacific
Application Form – Workshops on Haemophilia

1. Contact Information
(*Please fill all the field*)

Title:	Dr./Mr./Ms./Others	**If others, Specify:**	
First Name:		**Last Name:**	
Email:		**Phone no (Optional):**	
Institution:		**Department:**	
Address:			
Country/Region/Territory:			

2. **Please select your professional position by ticking one of the boxes below:**

Dentist		General Physician		Haematologist	
Laboratory Technologist / Scientist		Nurse		Paediatrician	
Pathologist		Physiatrist		Physiotherapist	
Psychologist		Occupational Therapist		Orthopaedic Surgeon	
Social Worker		If others, Specify.			

3. Years of experience in Haemophilia and Allied Bleeding Disorders: _____

4. Are you a member of AHAD-AP? Yes/No

5. Membership category: Ordinary/Allied Health Professional/ Associate

6. Tick the workshop that you are interested in (Tick only one)

Comprehensive Care of Haemophilia	
Musculoskeletal management of Haemophilia Workshop	
Laboratory Management of Therapy in Haemophilia (Wet Workshop)	**CLOSED**

7. Write in a few words your reason for applying to participate in the workshop:

_____

_____

_____

_____

Kindly submit the filled application form to office@ahadap.org ***by 15th July 2023***

8. Recommendation from the Head of the HTC

_____

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_____

9. Details of the Head of the HTC.

Name:		**Designation:**	
Institute:		**Email:**	
Signature:			

☐ I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief.

Date: _____

Signature of applicant: _____

Name:

Kindly submit the filled application form to office@ahadap.org ***by 15th July 2023***