

**1. Contact Information**

*(Please fill all the field)*

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

**2. Are you part of a Haemophilia Treatment Center (HTC)?: Yes/No**

**3. What is your role in the care of PwH?**

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

<input type="checkbox"/> Dentist	<input type="checkbox"/> General Physician	<input type="checkbox"/> Haematologist
<input type="checkbox"/> Laboratory Technologist / Scientist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paediatrician
<input type="checkbox"/> Pathologist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Orthopaedic Surgeon
<input type="checkbox"/> Social Worker	<input type="checkbox"/> If others, Specify.	

**5. Years of experience in Haemophilia and Allied Bleeding Disorders: \_\_\_\_\_**

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

**If yes, membership category:** Ordinary/Allied Health Professional/ Associate

**7. Have you attended any of the three In-person workshops organised by AHAD-AP on 13<sup>th</sup> and 14<sup>th</sup> September 2023 at Bangkok Thailand?: Yes/No**

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

<input type="checkbox"/> <b>Comprehensive Care of Haemophilia- 5<sup>th</sup> September 2024</b>	
<input type="checkbox"/> <b>Musculoskeletal management of Haemophilia Workshop- 6<sup>th</sup> and 7<sup>th</sup> September 2024</b>	
<input type="checkbox"/> <b>Laboratory Workshop – 6<sup>th</sup> and 7<sup>th</sup> September 2024</b>	

**9. Do you wish to avail the travel support: Yes/No**

**10. Do you wish to avail the accommodation support: Yes/No**

Kindly submit the filled application form to [office@ahadap.org](mailto:office@ahadap.org) by 30<sup>th</sup> June 2024

**11. Write in a few words your reason for applying to participate in the workshop (3 points)**

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**12. Recommendation from the Head of the HTC**

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**13. Details of the Head of the HTC.**

<b>Name:</b>		<b>Designation:</b>	
<b>Institute:</b>		<b>Email:</b>	
<b>Signature:</b>			

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:**