# FORM P1 - Application form for candidates

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| **Introduction** | | | |
| First name and Last name | |  | |
| Sex (male – female) | |  | |
| Home country | |  | |
| Profession | |  | |
| Job title | |  | |
| Describe your position in your present department/unit | |  | |
| Country choice (national coordinator may advice on change of your preference) | | Type of hospital/organisation  **Tick as many boxes as you wish. Please specify if your interest is an example or if it is exclusive** | **COMMENTS NATIONAL COORDINATOR** |
| 1st |  |  | q Primary care organisation  q Acute hospital – teaching |
| 2nd |  | q Acute hospital – teaching  q Acute hospital – non-teaching |  |
| 3rd |  | q Rehabilitation  q Psychiatry |  |
| Other |  | q Primary care organisation |  |

**Please beware: This is NOT a medical or technical programme. It is a multi-professional programme aimed at professions and professionals who are directly or indirectly involved in the management of European health care services and hospitals. HOPE cannot guarantee your choices or indeed that your application will find a placement. Failure to complete this document in full will reduce your chances of being allocated a place.**

Candidates are kindly requested to complete **P1 and P2** forms in English (French or German are also accepted, although the language of the possible host should be taken into consideration) and send it by email, fully completed and signed, to the national co-ordinator of their country **before 31 October 2025**.

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| **Personal information** | | |
| First name |  | |
| Last name (or family name) |  | |
| Place of residence (full address) |  | |
| Date of birth |  | |
| Nationality |  | |
| Work phone or mobile | + | |
| Personal mobile | + | |
| Work e-mail |  | |
| Personal e-mail (optional) |  | |
| **Best way to be contacted during the exchange period (tick the boxes)** | q Work mobile | q Work e-mail |
| q Personal mobile | q Personal e-mail |
| **What are your hobbies?** |  | |

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| **Professional information** | |
| Organisation and full address |  |
| Name and position of the head of your department/unit |  |
| Date commenced in your present position |  |
| **Describe your position in your present department/unit** | |
|  | |
| **Please provide a one-page maximum summary of your present job including reference to specific responsibilities**  (i.e. staff, budget, projects, units or subunits etc.) | |
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| **Management qualification and experience** | | |
| **Present management position and previous health service and/or management experience** | | |
| Organisation | Position | Period |
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|  |  |  |
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|  |  |  |
| **State your specific management qualifications** (Degree, Master, etc.) | | |
|  | | |
| **State your medical background and experience if any** | | |
|  | | |
| **Other professional qualifications relevant to your present position** | | |
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| **Exchange options** | | | |
| **Behind each host country, please find in brackets the language accepted on the exchange programme:**  English (**E**) - French (**F**) - German (**D**) - Spanish (**S**) - Italian (**I**) | | | |
| Austria (D**\*1**) (E\*)  Belgium (**F**)  Bulgaria (**E**)  Denmark (**E**)  Estonia (**E**)  Finland (**E**)  France (**F**) | Germany (D**\*1**) (**E\***)  Greece (**E**)  Hungary (**E**)  Ireland (**E**)  Italy (**I\*³**) (**E**)  Latvia (**E**) | Lithuania (**E**)  Malta (**E**)  Moldova (**E**)  The Netherlands (**E**)  Poland (**E**)  Portugal (**E**) | Serbia (**E**)  Spain (**S\*2**) (**E\***)  Sweden (**E**)  Switzerland (**D\*1**) (**E**)  United Kingdom (**E**) |
| **\* Basic knowledge of English (understanding and speaking) is required**  **\*1 Basic knowledge of German (understanding and speaking) is required**  **\*2 Basic knowledge of Spanish (understanding and speaking) is required**  **\*3 Basic knowledge of Italian (understanding and speaking) is required** | | | |

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| **Proficiency in languages** | | | | | | | | | | |
| Fill out according to the instructions in DOC 3 SELF-ASSESSMENT OF LANGUAGE PROFICIENCY.  The level of the indicated language will be tested by the national co-ordinator of the host country. | | | | | | | | | | |
|  | Understanding | | | | Speaking | | | | Writing | |
|  | Listening | | Reading | | Spoken interaction | | Spoken production | |
| **ENGLISH** |  |  |  |  |  |  |  |  |  |  |
| **FRENCH** |  |  |  |  |  |  |  |  |  |  |
| **GERMAN** |  |  |  |  |  |  |  |  |  |  |
| **SPANISH** |  |  |  |  |  |  |  |  |  |  |
| **ITALIAN** |  |  |  |  |  |  |  |  |  |  |
| ….. |  |  |  |  |  |  |  |  |  |  |

**HOPE EXCHANGE PROGRAMME 2026 - GDPR**

I agree that my information will be used in the framework of my registration for the HOPE Exchange Programme 2026.

HOPE, the European Hospitals and Healthcare Federation, registered Belgian non-for-profit association at Avenue Marnix 30, 1000 Brussels, Belgium and registered in the EU Transparency register under the number 73872883198-91 (hereinafter “we”), collects and manages your personal data for the following purposes: registration to the HOPE Exchange Programme 2026.

In our capacity as data owner, we undertake to process your data in accordance with the provisions relating to the protection of personal data, in particular the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and the free movement of such data, more commonly known as the General Data Protection Regulation (GDPR).

1. CATEGORIES OF PERSONAL DATA COLLECTED

Categories of personal data collected for the purposes detailed above are: gender, name, surname, home country, place of residence, nationality, profession, email address, phone number, language proficiency. We ensure we only collect strictly necessary and relevant information.

1. DATA RECIPIENTS

Only entitled persons at HOPE office can access your information, as well as National Coordinators and local hosts of the HOPE Exchange Programme who are acting under our direction and who cannot in any case use the data for their own purposes.

1. RETENTION PERIOD

Collected personal data are stored for the duration of the HOPE Exchange Programme timeframe increased by the duration of the legal requirements. Only the participants email addresses are stored by HOPE for future communication purposes.

1. YOUR RIGHTS IN RELATION TO PERSONAL DATA

You have, unless grounds for refusal provided by the GDPR for some of these rights, a right of access, rectification, erasure, limitation of the processing of your data, a right of opposition, the right to portability, the right to withdraw your consent, as well as the right to set guidelines for the fate of your data after your death.

To exercise these rights, you can contact us at [sg@hope.be](mailto:sg@hope.be) or by post mail at HOPE – European Hospital and Healthcare Federation, Avenue Marnix 30, 1000 Brussels, Belgium. A proof of your identity might be asked.

Please note that if you exercise your above-mentioned rights, we nevertheless retain some of your personal data and your request to ensure the effective exercise of your rights.

For more information about your rights, please see <https://ec.europa.eu/info/aid-development-cooperation-fundamental-rights/your-rights-eu/know-your-rights/freedoms/protection-personal-data_en>

If you consider that one of the request related to your rights has not been satisfied, you can file a complaint with the Belgian [Data Protection Authority (DPA)](https://edpb.europa.eu/about-edpb/about-edpb/members_en).

1. DATA TRANSFER OUTSIDE THE EU

For your information, we only transfer outside of the EU relevant data to our non-EU National Coordinators and local hosts of the HOPE Exchange Programme in Republic of Moldova, Serbia, Switzerland and the United-Kingdom.

Date:

First name:

Family name:

Signature:

**This document should be returned BY EMAIL to the** [Hope National Coordinators](https://hope.be/national-coordinators/) **of your country before 31 October 2025 together with Form P2, containing the necessary permissions.**