



## Sahlgrenska akademien

Institute of Neuroscience and Physiology  
Department of Clinical Neuroscience and Rehabilitation  
Speech and Language Pathology Unit

### Application for contract education

NB write legibly, do not forget to include e-mail address

Course name <b>Cervical Auscultation in Dysphagia Management, LP9440</b>		
Applicant's name		Social security number (personnummer)
Address		
Zip code	City	Phone number
E-mail		
Place of work		Phone number, place of work
Signature		

The information below should be filled out and signed by the head of the clinical facility where the applicant is working. The course cost is 3000 SEK. Order of contract education is binding.

Name	Division / Unit
Name in block letters	Organisation number
E-mail	Address to which the invoice should be sent:
Address	
Zip code and city	
Phone number	

#### **NB!**

This form should be sent electronically together with a witnessed/certified copy of degree diploma (examensbevis) and a document of identification (personbevis or copy of passport or driver's license) to: [jennie.toppari@neuro.gu.se](mailto:jennie.toppari@neuro.gu.se)

The application deadline is October 18<sup>th</sup>, 2019!