



Application Form for IFEM Members
Requesting Endorsement from IFEM for Direct Involvement
in the Development of Emergency Medicine in a Receiving Nation

1. Your Name: _____

2. Your Professional Capacity for the Request

3. Your Host nation

4. Setting requesting your support (*attach separate document if necessary*)

5. Description of current needs (*attach separate document if necessary*)

6. What do you require from IFEM? (*attach separate document if necessary*)

7. Does the request for your assistance/involvement come from:

- a) Central Government
- b) Local Government
- c) An IFEM member body or associate
- d) A hospital
- e) An individual
- f) Other

8. Give details including:

- a) Name of requesting body
- b) Support requested
- c) Proposed period of involvement

9. Do you foresee any barriers to IFEM's involvement or any conflicts of interest?
