

# Nordic Radiotherapy Diploma Program 2024-2026



Name \_\_\_\_\_

Title \_\_\_\_\_

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Country \_\_\_\_\_

E-mail (home/work) \_\_\_\_\_

Phone (home/work) \_\_\_\_\_

Home clinic / unit during the two years of clinical work: (Unit, Department, Hospital)

\_\_\_\_\_

I hereby apply for the NORTHDIP postgraduate training program in radiotherapy

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Date and signature of the applicant

I hereby confirm that we will serve as home clinic for the applicant mentioned above and will cover the costs of participating in the program including admission fee (€3.500), as well as salary and time to complete the program for as long as the employment is ongoing.

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Date, signature and name in capital letters of the chairman / director of the home clinic