



QUESTIONNAIRE

FOR THE APPLICATION OF INTERNATIONAL HEALTH PROMOTING HOSPITALS EXCHANGE BETWEEN ANOTHER HPH-COUNTRY AND FINLAND

Please, fill in the questionnaire in detail either by typing or writing clearly by hand in English, Swedish or Finnish and **send it to your own HPH-coordinator**, who then will forward your application to the Finnish HPH-coordinator.

The HPH-network in Finland will check all applications and inform each HPH-coordinator of those applicants to whom we can offer the exchange program.

Contact information:

Name:

Address:

Country:

Hospital:

Telephone:

E-mail:

Fax:

Basic information:

Date of birth:

Sex: male female

Education:

Health Promoting Hospitals activity:

My hospital joined the HPH-network in (year): _____

The Web pages of my hospital: _____

My work description:

I have participated in the HPH-activities of my organisation:

In our work unit we aim to develop the health promotion as follows:

I have participated in the International Health Promoting Hospitals Conferences, when and where:

International exchange:

What kind of work unit(s) do you wish to get acquainted with during your stay in Finland?

What other programs/activities are you interested in participating in during your exchange period?

What other wishes might you have concerning the exchange program?

Have you visited Finland before? If so, please, tell more:

Possible restrictions (e.g. dietary):

Additional information you would like to share:

Proceedings of exchange:

Preferable time of exchange: _____

Duration of exchange: 1 week 2 weeks

Travel expenses covered by: my employer myself

My salary during the exchange time:

covered by my employer the expenses covered by myself

Thank you for filling out the questionnaire!

The Association of Health Promoting Hospitals in Finland

More information: <http://www.stes-hsf.fi/>