



European Burns Association

You can use the Tab to go to the next text field and click with the mouse to select the tick box

Application for site visit

Applying

Hospital:

Burn Unit

Address:

Burn Centre

Country:

Burn Department

Email contact person

Subject: request for verification Burn Centre

1. Please proceed with arrangements for an verification visit to the above hospital. Please forward documents essential for the visit. We understand that: verification is formal and may result issuing a certificate by the EBA.

NOTE: it is the policy of the EBA that all written reports from the survey team are sent directly to the EBA certification committee. It is only after approval by of this committee that the final report will be sent out to the requesting Burn Centre.

2. We agree that payment of 2.000 euros to the EBA office has been transferred to the EBA Bank account IBAN number: NL92RABO0388014113, BIC: RABONL2U (bank statement enclosed) with reference: *verification Burn Centre*. Additional costs associated with the visit are the responsibility of the burn centre institution - this includes travel expenses, hotel nights, meals while on-site and airport transfer.

NOTE: visits can be cancelled and rescheduled up to the time of the visit with the understanding that the requesting burn centre will be responsible for any expenses incurred that cannot be refunded due to policies/procedures outside the control of the EBA (airline tickets, hotel reservations).

3. We agree that payment of additional costs, such as travel expenses and hotel accommodation (if not arranged by us) of the reviewers will be paid to the EBA office after the visit.
4. Our preferred date to have a site visit is:
Earliest date:
Latest date:

Signature, typed name, and title of person authorized to sign this application

Name:

Title:

Date:

Signature: _____

Please return this form with your bank statement as a scanned document by email: eba@congresscare.com or by fax: +31 73 690 1417