



The Association of Schools of Public Health  
in the European Region

## ASPHER MEMBERSHIP QUESTIONNAIRE

**This questionnaire should be returned to:**

ASPHER Secretariat, Avenue de Tervueren 153, 1150 Brussels, Belgium

E-Mail: [office@aspher.org](mailto:office@aspher.org) and [lore.leighton@aspher.org](mailto:lore.leighton@aspher.org)

1. **Institution Name which applies for membership:**  
**SCUOLA DI SPECIALIZZAZIONE IN IGIENE E MEDICINA PREVENTIVA,  
UNIVERSITA' VITA-SALUTE SAN RAFFAELE  
SCHOOL OF PUBLIC HEALTH, UNIVERSITY VITA-SALUTE SAN RAFFAELE**
2. **Address:**  
**IRCCS SAN RAFFAELE, Via Olgettina, 60**
3. **Town: MILAN**
4. **Postcode: 20132**
5. **Country: ITALY**
6. **Phone: +39**
7. **Fax: +**
8. **Website address: <https://www.univr.it/offerta-formativa/medicina-chirurgia/post-lauream/scuole-di-specializzazione-area-sanitaria/medicina-preventiva>**
  
9. **Name of Dean or Director: CARLO SIGNORELLI**
10. **Address: (the same)**
11. **Town:**
12. **Postcode:**
13. **Country:**
14. **Phone: +39 335 228820**
15. **Fax:**
16. **E-mail: [signorelli.carlo@hsr.it](mailto:signorelli.carlo@hsr.it)**
  
17. **Name of ASPHER contact person: SEGRETERIA SCUOLA**
18. **Address: (the same)**
19. **Town:**
20. **Postcode:**

**21. Country:**

**22. Phone:**

**23. Fax:**

**24. E-mail: <spec.igiene@univr.it>**

**25. Number of Equivalent Full Time Staff (Full time + Part time + Temporary staff): 3**

**26. Number of Undergraduate Students (Average for the two last Academic years): 0**

**27. Number of Postgraduate Students (Average for the two last Academic years): 40**

**28. Start date of the Academic Year: NOVEMBER 1st**

**29. Date of the Exam period in your Institution:**

**OCTOBER**

**30. Mission statement:**

**SPECIALIZATION**

**31. Source(s) of Funding:**

**UNIVERSITY**

**32. Ordinary Budget in Euros:**

**5000€ PER YEAR**

**33. Statute of your institution (University/Non-university structure, Public/Private):**

**PRIVATE UNIVERSITY**

**34. Programmes provided by your institution (name and duration for each, attach file/provide weblink with the curricula):**

**4-YEAR RESIDENCY (SPECIALIZZAZIONE)**

**35. Does your institution participate in the ECTS project? (Yes/No):**

**NO**

**36. Areas of interest/expertise of your institution:**

**37. Projects run by your institution (title, funding body and timeframe for each, attach file/provide weblink for detailed info):**