

ASPHER MEMBERSHIP QUESTIONNAIRE

This questionnaire should be returned to:

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

E-Mail: office@aspher.org and lore.leighton@aspher.org

1. **Institution Name which applies for membership:**
Scuola di Specializzazione in Igiene e Medicina Preventiva
Università degli Studi di Milano
2. **Address:** via Pascal 36
3. **Town:** Milano
4. **Postcode:** 20133
5. **Country:** Italy
6. **Phone:** 00390255038342
7. **Fax:** 00390255033144
8. **Website address:** <https://www.unimi.it/it/corsi/corsi-post-laurea/catalogo-scuole-di-specializzazione/aa-2019/2020-scuola-di-specializzazione-igiene-e-medicina-preventiva>
9. **Name of Dean or Director:** Silvana Castaldi
10. **Address:** via Francesco Sforza, 28
11. **Town:** Milano
12. **Postcode:** 20122
13. **Country:** Italy
14. **Phone:** 00393298603794
15. **Fax:** 00390255033144
16. **E-mail:** silvana.castaldi@unimi.it

17. **Name of ASPHER contact person:** Silvana Castaldi
18. **Address:** via Francesco Sforza, 28
19. **Town:** Milano
20. **Postcode:** 20122
21. **Country:** Italy
22. **Phone:** 00393298603794
23. **Fax:** 00390255033144
24. **E-mail:** silvana.castaldi@unimi.it

25. **Number of Equivalent Full Time Staff (Full time + Part time + Temporary staff):** 0
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):** the number is not always the same this year we have 23 residents in the first year and 5 in the last one. At the moment are attending the School 44 medical doctors



28. **Start date of the Academic Year: 26.01.2021 each year there is a different starting time**
29. **Date of the Exam period in your Institution: November/December**
30. **Mission statement:**
31. **Source(s) of Funding: The School received a budget from the university administration**
32. **Ordinary Budget in Euros: 10,000**
33. **Statute of your institution (University/Non-university structure, Public/Private): public University**
34. **Programmes provided by your institution (name and duration for each, attach file/provide weblink with the curricula):**
35. **Does your institution participate in the ECTS project? (Yes/No): No**
36. **Areas of interest/expertise of your institution: all the areas of public health**
37. **Projects run by your institution (title, funding body and timeframe for each, attach file/provide weblink for detailed info): none**