

## ASPHER MEMBERSHIP QUESTIONNAIRE

This questionnaire should be returned to:  
ASPHER Secretariat, UM Campus Brussels, Av de l'Armée 10, B1040 Brussels, Belgium  
E-mail: [office@aspher.org](mailto:office@aspher.org)

**1. Institution Name which applies for membership:**

**PUBLIC HEALTH DIVISION, FACULTY OF HEALTH SCIENCES WITH THE NURSING DIVISION,  
THE PUBLIC HEALTH DIVISION AND THE DIETETICS DIVISION, MEDICAL UNIVERSITY OF  
WARSAW, POLAND**

- 2. Address: ŻWIRKI I WIGURY 61**  
**3. Town: WARSAW**  
**4. Postcode: 02-091**  
**5. Country: POLAND**  
**6. Phone:<sup>1</sup> +48 22 57 20 599**  
**7. Fax: +48 22 57 20 599**  
**8. Website address: [www.wum.edu.pl](http://www.wum.edu.pl)**

**Name of Dean or Director: JOANNA GOTLB, Ph.D., Associate Professor**

- 10. Address: ŻWIRKI I WIGURY 61**  
**11. Town: WARSAW**  
**12. Postcode: 02-091**  
**13. Country: POLAND**  
**14. Phone: +48 22 57 20 490**  
**15. Fax: +48 22 57 20 491**  
**16. E-mail: [joanna.gotlib@wum.edu.pl](mailto:joanna.gotlib@wum.edu.pl)**

**17. Name of ASPHER contact person: JOANNA GOTLB, Ph.D., Associate Professor**

- 18. Address: ŻWIRKI I WIGURY 61**  
**19. Town: WARSAW**  
**20. Postcode: 02-091**  
**21. Country: POLAND**  
**22. Phone: +48 22 57 20 490, +48 608 108 028**  
**23. Fax: +48 22 57 20 491**  
**24. E-mail: [joanna.gotlib@wum.edu.pl](mailto:joanna.gotlib@wum.edu.pl)**  
**25. Number of Equivalent Full Time Staff (Full time + Part time + Temporary staff): 60**  
**26. Number of Undergraduate Students (Average for the two last Academic years): 320**  
**27. Number of Postgraduate Students (Average for the two last Academic years): 260**

---

<sup>1</sup> Please indicate the complete number including the international code e.g.: + 32 (0) 2 735 08 90

28. Start date of the Academic Year: **1st of October**
29. Date of the Exam period in your Institution: **end of June/ the beginning of July**
30. Mission statement:  
<http://wnoz.wum.edu.pl/content/kszta%C5%82cenie-na-kierunku-zdrowie-publiczne>
31. Source(s) of Funding: **Ministry of Health, Ministry of Science and Higher Education**
32. Ordinary Budget in Euros:
33. Statute of your institution (University/Non-university structure, Public/Private): **University/  
Public**
34. Programmes provided by your institution (name and duration for each, attach file/provide weblink with the curricula):

**Full time Public Health Bachelor`s Degree, 3 years**

<http://wnoz.wum.edu.pl/content/kszta%C5%82cenie-na-kierunku-zdrowie-publiczne>

**Full time Public Health Master Degree, 2 years**

<http://wnoz.wum.edu.pl/content/kszta%C5%82cenie-na-kierunku-zdrowie-publiczne>

**Part time Public Health Master Degree, 2 years**

<http://wnoz.wum.edu.pl/content/kszta%C5%82cenie-na-kierunku-zdrowie-publiczne>

35. Does your institution participate in the ECTS project? (Yes/No): **YES**
36. Areas of interest/expertise of your institution: **MEDICINE, PHARMACY, DENTISTRY,  
HEALTH SCIENCES**
37. Projects run by your institution (title, funding body and timeframe for each, attach file/provide weblink for detailed info):  
<http://fundusze-strukturalne.wum.edu.pl/node/69>