Application form

Family course on sickle cell disease 8th –12th September 2025

Name on the person with the diagnosis: _____

Date of birth: _____

Adress: _____

Postal code: _____

City: _____

Diagnosis: _____

Name guardian 1: _____

Adress: _____

Postal code: _____

City: _____

Mobile: _____

Name guardian 2: _____

Adress: _____

Postal code: _____

City: _____

Mobile: _____

Name sibling 1: _____

Date of birth sibling 1: _____

Name sibling 2: _____

Date of birth sibling 2: _____

Name sibling 3: _____

Date of birth sibling 3: _____

Interpreter: Yes: ☐ No: ☐

If yes, which language and dialect: _____

The form continues on the next page!

We would like to know what you adults and children are curious about.

What questions do you parents have about the topics we

suggested?_____

Other questions from parents: _____

What is the child/youth with a diagnosis curious about? _____

What are siblings curious about? _____

Name on the person filling out the form: _____

Date of birth on the person filling out the form (used for secure digital post from us): _____

You can apply digitally or by post

Digitally: After you have saved the application form on your own computer, go to the information om how to submit it at the bottom of the page about the course here: See how to submit the application form at the bottom of the website about family courses

By post: Print out the application form and send it to: Senter for sjeldne diagnoser, Oslo universitetssykehus HF, Rikshospitalet, Postboks 4950 Nydalen, 0424 Oslo. Mark with ”Gjelder kurs”