

**APPLICATION FORM
BRACCO Fellowships 2020
CLINICAL
(2 months)**

Please submit this form to: esor@myesr.org

1) PERSONAL DATA

Prof./Dr./Mr./Mrs./Ms. (please indicate) ESR ID:..... Female: Male:

First name: Family name:

Institution:

Street/no:

City: Zip Code: Country:

Phone: Email:

2) INFORMATION ABOUT PROJECT

2a) Please indicate the type of fellowship you wish to undertake:

Organ based: Technique based:

2b) Title of fellowship topic

.....
.....

2c) Please describe your fellowship proposal you wish to undertake (*max. 100 words*):

.....
.....
.....
.....

2c) Proposed start date Proposed end date

(The duration of the fellowship is 2 months, between January and June of the year)

2d) Please list the institutions which agreed to host you for this project

	Institution	Head of Department	City	Country
1.				
2.				
3.				

By submitting this application, I declare that the information supplied by me in this application and supporting documentation is complete, true and correct. Moreover I agree that by submitting this application my personal data will be processed by the ESR according to the data protection information.

Date:

Signature:

APPLICATION CHECK LIST

BRACCO Fellowships 2020

CLINICAL FELLOWSHIP (2 months)

Tick the boxes when you have completed the following steps:

- Signed application form
- Confirmation letter(s) from training centre(s)
- ESOR Curriculum Vitae
- Motivation letter
- 2 letters of support

I agree that by submitting this application my personal data will be processed by the ESR according to the data protection information.

Date:

Signature: