

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

Please submit this form to: [esor@myesr.org](mailto: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

### 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: .....