**Application form for ERA Short-Term Clinical Fellowship**

**Type of fellowship**

|  |  |
| --- | --- |
| Type | **Short-Term Clinical Fellowship** |
| Suggested duration | Two months (60 days)  Three months (90 days)  Four months (120 days)  Five months (150 days)  Six months (180 days) |
| Proposed specific clinical learning objectives: list the clinical techniques to learn |  |

**Applicant's Data**

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Date of birth |  |
| ERA membership number |  |
| E-mail |  |
| Nationality |  |
| Education |  |
| Curriculum Vitae |  |
| MD/PhD and Post-Doc  information |  |
| Job position at the current institute |  |
| Synopsis of your current  work |  |

**Publications**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Authors | Journal | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Applicant's Data**

|  |  |
| --- | --- |
| Other grants |  |
| Have you previously  applied for ERA  fellowship? |  |
| Have you recently  interrupted your career  due to childcare or severe illness?  If yes, please state the  duration and dates |  |

**Receiving Institute**

|  |  |
| --- | --- |
| Name of receiving institute |  |
| Receiving Institute's full address |  |
| Reason for choosing this institute |  |
| Summary of the proposed training |  |
| Clinical significance of the proposed training |  |
| Proposed work at the receiving institute |  |
| Do you intend to return to your home institute  after the fellowship? |  |
| Career plans after the fellowship |  |

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Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_