**EACVI WOMEN IN CARDIOVASCULAR IMAGING TRAINING GRANT PROGRAMME APPLICATION FORM – PART A**

**Applicant’s Profile**

1. Personal Details

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| --- | --- |
| Title (Dr, Prof, Assoc Prof, Mr, Mrs, Miss) |  |
| Gender (Female, Male) |  |
| Family Name |  |
| First Name(s) |  |
| Date of Birth |  |
| Country of origin |  |
| Country of residence for the past 3 years |  |

|  |  |  |
| --- | --- | --- |
|  | Home Address | Work Address |
| Street, No. |  |  |
| City |  |  |
| Zip Code |  |  |
| Country |  |  |
| E-Mail |  |  |

1. Details of current position

|  |  |
| --- | --- |
| Employer |  |
| Date of entry to current grade |  |
| Tenure |  |
| Grade/Status |  |
| Address (Street, No.; Zip Code; City; Country) |  |
| Phone |  |
| E-Mail |  |

1. Clinical experience (in chronological order)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Institution** | **Degree** | **Class** | **Subject** | **Year of Award** |
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1. Post graduate career

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| --- | --- | --- |
| **Place of work** | **Position** | **Period** |
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1. List of main publications with Impact factor

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| --- | --- |
| **Publication** | **Impact Factor** |
|  |  |
|  |  |
|  |  |
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1. Publications in referred journals relevant to this application: state of journal, title and page numbers and names of co-authors (details of papers in press may be added, abstracts can be included)

|  |  |  |  |
| --- | --- | --- | --- |
| **Journal** | **Title** | **Page numbers** | **Names of co-authors** |
|  |  |  |  |
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1. Are you registered for a higher degree or higher professional qualification?

|  |  |
| --- | --- |
| I am registered | [ ] YES [ ] NO (Please use “X” on your keyboard to respond) |
| If YES, please specify degree / qualification |  |
| If NO, do you intend to do so? | [ ] YES [ ] NO (Please use “X” on your keyboard to respond) |

1. Host institution where the training would be held for the EACVI Training Grant programme

|  |  |
| --- | --- |
| Laboratory’s name |  |
| Head of Department |  |
| Person responsible for the training |  |
| Address (Street, No.; Zip Code; City; Country) |  |
| Phone |  |
| E-Mail |  |
| Applicant’s level of fluency in the requested language of the host institution | Requested language:  [ ] Beginner [ ] Intermediate [ ] Fluent  (Please use “X” on your keyboard to respond) |

1. Please state briefly the considerations that led you to choose this laboratory and present the structure of the training programme that you are applying for (max 300 words)

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|  |

1. Please write briefly your aims, relevance and the expected results for your practice of the EACVI Training Grant programme (max 600 words)

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1. Please describe how would you use your training grant to serve back to your home country ? What are the current needs that an EACVI grant would cover? (max 600 words)

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|  |

**Please upload this application form as a Word document (do NOT convert it to pdf format) along with your CV in a European format.**

If my application is successful, I agree to accept the conditions posed by the EACVI as described in the Rules and Regulations.

**Electronic** **signature of applicant:**

(Scanned signature)

**Date:**

***Personal Data Privacy***

*The information collected is subject to a computerised process to record, evaluate and track the grant application. The recipients of the data are:*

*• The EACVI staff in charge of processing the EACVI Grant applications and, in the case where a grant is awarded, the staff in charge of paying the grant monies*

*• The persons in charge of the assessment of the applications – The EACVI Grading Committee*

*In accordance with the law N°78-17 of January 6, 1978, amended in 2004, relating to the protection of individuals with regard to the processing of personal data, you have a right to access and rectify information concerning you, which you can exercise by contacting: European Society of Cardiology, Customer Services, Les Templiers,*

*2035 Route des Colles, CS 80179 BIOT, 06903 SOPHIA ANTIPOLIS, France. You can also, for legitimate reasons, oppose the processing of data about you.*