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

**Hosting Institution Profile**

**(To be completed only by the host institution supervisor)**

|  |  |
| --- | --- |
| Applicant’s name |  |
| Title of the Training programme |  |
| Start date of the Training\* |  |
| End date of the Training |  |

*\* Training needs to start in the year of the Grant*

**Instructions**

|  |  |
| --- | --- |
| ***APPLICANT:*** | Please pass this sheet (with the completed part A of the application document) to the proposed supervisor |
| ***HEAD OF DEPARTMENT******OR SUPERVISOR:*** | The above-named applicant has applied for a training grant with the “EACVI Women in Cardiovascular Imaging Training Grant programme". Please kindly fill in this form, sign it and return it to the applicant.**Please refer to the Rules and Regulations of the EACVI Training Grant programme.** |

1. Contact Details

|  |  |  |
| --- | --- | --- |
|  | **Head of Department** | **Proposed Supervisor** |
| Title |  |  |
| Name |  |  |
| Institution name |  |  |
| Address (Street, No.Zip CodeCityCountry) |  |  |
| E-Mail |  |  |

1. Please list the main areas of activity and research of the laboratory

|  |
| --- |
|  |

1. Please list the most relevant publications of your laboratory with Impact Factor, related to the topic/objective of the application

|  |  |
| --- | --- |
| **Publication** | **Impact Factor** |
|  |  |
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1. Please describe the technologies, education facilities, training background, human resources and know-how that will be devoted to the trainee to guarantee his/her accomplishment (max 1000 words)

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1. Why do you believe in the appropriateness of this project and in the appropriateness of your laboratory for this training (max 800 words)?

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|  |

1. How long have you known the candidate?

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| --- |
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|  |  |
| --- | --- |
| 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) |

**Please fill-in the [*italic*] formatted fields below:**

I confirm that I support **[*Name of applicant*]**‘s application and her Training programme on **[Name *of training programme*]** and that I will host **[Name of applicant]** from **[*Start Date*]** to **[*End Date*]** under the auspices of the EACVI Women in Cardiovascular Imaging Training Grant programme **[*Year of Grant programme*]**.

I am aware that an award under this scheme is normally administered through the medium of a fixed-term contract of employment for the training period, entered between the training grant recipient and the host institution.

I am aware that I will provide, at training period completion, a complete report on the candidate’s work.

**Electronic signature of Head of Department** (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 Training 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.*

**Electronic signature of proposed Supervisor** (scanned signature)

**Date:**

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