

APPLICATION FORM FOR HOSTING TRAINING CENTRES Part B

THE EUROPEAN ASSOCIATION OF PERCUTANEOUS CARDIOVASCULAR
INTERVENTIONS (EAPCI)
A Branch of the ESC

EDUCATION AND TRAINING GRANT PROGRAMME 2025



APPLICATION FOR THE EAPCI EDUCATION AND TRAINING GRANT PROGRAMME

Thanks to financial support from industry sponsors, the European Association of Percutaneous Cardiovascular Interventions (EAPCI), a branch of the European Society of Cardiology (ESC), is offering an Education and Training Grant Programme available to qualified cardiologists or currently in the final year of their cardiology training programme, working in the field of Interventional Cardiology. We invite separate applications from both individuals and centres to be matched exclusively by the EAPCI Fellowships Committee (after discussion between the candidate, the hosting training centre and the EAPCI Fellowship Grants Committee). Candidates are also offered the opportunity to proactively approach centres of their choice to request their likeliness to host them.

Prior to completing this form, please carefully read **the 2025 Rules and Regulations** for the EAPCI Education and Training Grant Programme for interventional cardiology.

Rules are available on the EAPCI website:

<http://www.escardio.org/Education/Career-Development/Grants-and-grants/EAPCI-interventional-cardiology-training-and-research-grants>

1. APPLICATION FOR THE EAPCI EDUCATION AND TRAINING GRANT

Name of hosting training centre	
Address	
City	
Country	
E-mail	

2. HEAD OF THE DEPARTMENT APPLYING FOR THE EAPCI EDUCATION AND TRAINING GRANT PROGRAMME

Name of Department:

Name of Head of Department:

Email:

Name proposed Grant Supervisor:

Position of proposed Grant Supervisor:

Email:

Name of Administrator for the Grant Programme:

Email:

- a. Why can the hosting training centre be considered as a recognised teaching hospital and how it will ensure that candidates meet their objectives? Please state in a few words and provide evidence:





- b. How many fellows (and from which countries) did you train for at least 12 months in the last 5 years?
- Number of past fellows:
 - Indicate countries of origin: _____
- c. How many fellows (and from which countries) are you training at present?
- Number of current fellows
 - Indicate countries of origin: _____
- d. How many fellows (and from which countries) are you planning to train during the grant period (July 2024-December 2025 approx.)?
- Number of future fellows
 - Indicate countries of origin: _____
- e. Could you specify which of the following structural heart disease interventions is performed in your lab? Please specify devices. If an intervention is not performed in your lab, indicate 0

- | | |
|----------------------------------|----------|
| a) N° TAVI: | Devices: |
| b) N° Mitral intervention: | Devices: |
| c) N° LAA closure: | Devices: |
| d) N° PFO closure: | Devices: |
| e) N° ASD closure: | Devices: |
| f) N° VSD closure: | Devices: |
| g) N° Paravalvular leak closure: | Devices: |

- f. Could you specify which of the intracoronary techniques are regularly used in your lab? If an intervention is not performed in your lab, indicate 0

- N° IFR/FFR:
- N° OCT:
- N° IVUS:
- N° Rotablator:
- N° CTO:
- N° radial :
- Other? _____

- g. How many carotid or peripheral vascular interventions are used regularly in your lab? If none, indicate 0

N° carotid or peripheral vascular interventions: _____

- h. Can you certify that all the educational activities will be delivered in English?

Yes No

- i. Are there any restrictions to foreigners working in your centre?

Yes No

If yes, please provide details



j. What are the requirements in your country and/or your hosting training centre?

- Working permit?

Yes

No

If yes, please provide details:

k. To be compliant with EU regulation 36-2005, does the applicant need to speak the native language of your country?

Required level upon arrival:

- No requirement
- Basic
- Fluent

l. Is the candidate subject to take a test language (whose results will impact the feasibility of the 12-month training period)?

Yes

No

m. Does the candidate need to provide a certificate in the native language of your country to allow clinical activities?

Yes

No

Please indicate which language(s) the candidate needs to speak:

Please be aware that compliance with EU regulation 36-2005 remains the responsibility of your hosting training centre and EAPCI cannot be held responsible for any information / requirement that you have not mentioned.

- Other requirements?



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n. Insurance status

Please indicate whether health insurance (sickness and accident) is:

- Provided by the employing Institution
- Taken out by the applicant on his/her own discretion and obligation

- Grant recipients are obliged to have health insurance either provided by the host institution or sourced by themselves.

- Grant recipients are responsible for the set-up of their own personal and professional insurance and for compliance with taxation rules according to the local fiscal regulations.

- Candidates from non-EU countries meeting the eligibility requirements in terms of residence (as per Appendix I of the rules and regulations) will be required to ensure that they have a health insurance in order to submit an application for the 2025 EAPCI Fellowship Grants programme.

Please indicate the status of the candidate during his/her training:

- As per the latest Rules and Regulations, all Hosting Centres for 2025 must have **on-site surgery and Primary PCI program 24/24.**
- I Confirm hereby that my Hosting Centre has an on-site surgery and Primary PCI Programme 24/24.

YES NO

ACCEPTANCE AND CONDITIONS:

I hereby represent and warrant that I have full right and power to submit this application on behalf of the referenced hosting training centre. I am aware that as a hosting training Centre in the EAPCI Education and Training Grant Programme, there will be an employment and training contract between the hosting training centre and the grant recipient.

The centre is responsible for the legal framework of the grant recipient in accordance with local regulations and the fellow will be subject to the terms of employment of its hosting training center.

I confirm that I have read and understood the Rules for the EAPCI Education and Training Grant Programme for interventional cardiology and that, if an appointment is made, the grant recipient will be accepted in the Department in connection with the agreement to be arranged with her/him.

I confirm that the department will be in a position:

- To set up an employment and training contract with the recipient
- To meet any expenditure related to the training programme exceeding the amount provided by the ESC

“I certify to have read and understood the EAPCI EDUCATION AND TRAINING GRANT terms and conditions and agree to abide to these conditions set by the EAPCI.”

I confirm that I completed this form on behalf on the hosting centre and that I am entitled to submit it on behalf of the Head of Department, the Supervisor and the Administrator.

Name: _____

Date: _____

Personal Data Privacy

The information collected is subject to data processing and storage. The recipient of the data is the European Society of Cardiology (through the EAPCI Fellowship Committee stated on the EAPCI Education & Training grant programme’s rules and regulations and ESC Staff) as well as the industry sponsor(s).

Personal data will only be used for the EAPCI Education & Training Grant Programme application, management and selection/grading processes.

In addition, hosting training centre name, as well as name, first name and country of the supervisor will be published on ESC/EAPCI communication channels (website, newsletters) as well as on the journal published during EuroPCR course and displayed during the relevant sessions (award ceremony, EAPCI General Assembly, EAPCI-PCR Fellows Course at the occasion of EuroPCR course if applicable).

Personal data will be kept by ESC for a duration of 2 years.

In accordance with the chapter 3 of the European Regulation 2016/679 with regards to data protection, data subjects have the right to request from ESC, access to and rectification or erasure of your personal data or restriction of processing concerning your data or to object to processing as well as the right to data portability.

For such, please contact (be aware that a proof of identity will be requested during the process via a secured web link):

Data Privacy
European Society of Cardiology
Les Templiers
2035 Route des Colles
CS 80179 Biot
06903 SOPHIA ANTIPOLIS CEDEX, France
Or by email to dataprivacy@escardio.org

Data subjects have the right to lodge a complaint with a supervisory authority, and for information, ESC has appointed a Data Protection Officer that you can reach at dpo@escardio.org



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