LOCAL HOST APPLICATION

Please fill in the ESIR 2025 Local Host Application Form and the ESIR 2025 Programme Template and send the completed documents to **office@esir.org**.

In case of any questions on how to fill in the documents or on the format of an ESIR course, please do not hesitate to contact us at **office@esir.org**.

GENERAL INFORMATION FOR POTENTIAL ESIR LOCAL HOSTS

Each section of this application form is designed both to ensure the proposed course contents and venue premises meet the required criteria and to provide the pertinent information which is relevant for the consideration of applications. Key criteria for the organisation of ESIR courses can be found on the application website: **https://www.cirse.org/events/esir-courses/esir-host-application/**.

Thus, please note that each application will only be considered upon receipt of a completed application form with a detailed draft programme. Due to the emphasis on practical hands-on experience during ESIR courses, this section of the application and programme is of particular importance, we therefore recommend providing as many details as you can.

1. PERSONAL/CONTACT INFORMATION

Name ....

Email address ....

Work phone ....

Mobile ....

CIRSE member ID ....

Institute ....

City, country ....

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2. COURSE AND TOPIC OVERVIEW

Topic

Venue

Number of participants*   Min _____   Max _____

*Please take into account the lecture hall size as well as the desired number of people per workshop station.
These numbers should exclude faculty & industry representatives who may attend the course.

Please briefly explain the topic and provide a few learning objectives of the course.

Is it a niche procedure?   ☐ Yes   ☐ No

Is it currently only performed in a limited number of hospitals across Europe? Or is it a routine procedure in many hospitals? Please provide further information on the take-up of the procedure throughout Europe.

Are you yourself an expert in the application of the procedure?

❑ Yes   ❑ No

Is the hospital in which the course would take place an expert centre for this procedure?

❑ Yes   ❑ No

How many of these procedures are being undertaken at the proposed venue per year?

How are these procedures mainly being undertaken? Please choose one of the two options.

❑ The procedures are mainly being undertaken at my own unit.

❑ The procedures are mainly being undertaken in another unit or in a multidisciplinary setting.

Proposed date options:

____ - ____ / _____ / _____

____ - ____ / _____ / _____

____ - ____ / _____ / _____

____ - ____ / _____ / _____

Have you organised a similar course before?

❑ Yes   ❑ No

If yes: On which topic, how many participants attended, and what was the format of the course?

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3. PROPOSED VENUE

Is there an organisational department or a contact that we could liaise with for course logistics?

☐ Yes   ☐ No

Do they speak English?

☐ Yes   ☐ No

Is the proposed venue suitable with regard to the following areas:

Lecture hall	☐ Yes	☐ No	Number of seats	....
Workshop rooms	☐ Yes	☐ No	How many	....
Catering area	☐ Yes	☐ No	Set up/size	....
Registration area	☐ Yes	☐ No	Set up/size	....
Exhibition area	☐ Yes	☐ No	Set up/size	....

If available, please provide a floorplan of the venue with the respective rooms marked.

☐ Floorplan is attached to the application

☐ Floorplan is unavailable

Do you have video recording equipment available at the host institution?

☐ Video recording equipment is permanently installed in the operating room

☐ Video recording equipment is available at the host institution

☐ Support from the CIRSE with regards to video recording of a case is needed

☐ Not applicable (video cases are not part of the programme)

4. PRELIMINARY PROGRAMME

Please provide us with a draft outline of the programme using the ESIR 2023 Programme Template, available for download at: https://www.cirse.org/events/esir-courses/esir-host-application/.
Be sure to keep in mind the below MedTech criteria for Third Party Clinical Procedure Training courses*:

SCIENTIFIC PROGRAMME

< 50% of the full programme	≥ 50% of the full programme	
		≥ 1/3 of the full programme
Theoretical sessions	Practical sessions	Hands-on
Lectures, remarks, etc.	Video cases, live cases, case presentations, etc.	Hands-on workshops, simulator/flow model training, animal lab, etc.

Being considered a compliant MedTech Third Party Clinical Procedure Training course allows for direct sponsorship of HCPs to attend the course by industry partners.

CASES

Which type(s) of cases would you like to include in the course? Please provide a short description of how you envisage this part of the course running.
Note: Be sure to include these sessions and the different topics/titles of the cases in the programme template.

Format

Video cases (pre-recorded)	☐ Yes ☐ No	Description	
Case presentations (PPTs)	☐ Yes ☐ No	Description	

HANDS-ON SESSIONS

What kind of hands-on training will the course include? Below are several options.
Please provide a short description of how you envisage this part of the course running.

Format

Hands-on device training	☐ Yes	☐ No	Description	....
Simulator training	☐ Yes	☐ No	Description	....
Flow model training	☐ Yes	☐ No	Description	....
Other training models	☐ Yes	☐ No	Description	....
Animal lab	☐ Yes	☐ No	Description	....
Other	☐ Yes	☐ No	Description	....

Please explain in further detail what you have planned for the hands-on sessions.

This should include:
- Logistics, such as: Whether sessions will run in parallel, how many stations there should be, how many participants should be in each group, whether the different stations will be in different rooms and how close these rooms are to each other
- Content, such as: Topics of stations within hands-on sessions, software required for simulators, what the participants will be able to practice and learn during the sessions

Note: Be sure to include these sessions and the different stations (where applicable) in the programme template.

European School of Interventional Radiology

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ESIR 2025

5. POTENTIAL INDUSTRY PARTNERS

Please provide a list of potential industry partners and the products you would like to use during the hands-on sessions and video/live cases, where applicable:

SCIENTIFIC PROGRAMME

Company name	Product	Session type *(hands-on, live/video case, etc.)*	Session title *(Should correspond to the draft programme)*	Contact *(name & email)*

6. FACULTY

Please provide up to 5 faculty members* that you would like to invite:

SCIENTIFIC PROGRAMME

Name	Email	City	Country

*As CIRSE values diversity among both speakers and participants at the course, and wishes to support the inclusion of women in interventional radiology, we would highly encourage including at least one female speaker in the course faculty where possible.

7. OTHER

Please provide up to 10 of the most important references in literature to this procedure/disease:

SCIENTIFIC PROGRAMME

Title	Author(s)	Year	Relevance	Link