



CIRSE Fellowship Grant Programme

Application Form

Candidate	
Title	
First name	
Last name	
Date of birth	DD/MM/YYYY
CIRSE ID	
Address	
City	
Country	
Name of hospital/institution	
E-mail address	
Name of your current head of department	

Hosting/training institution	
Name of hosting institution	
Address	
City	
Country	
Head of department	
Training supervisor	
Training supervisor's e-mail address	
Is the hosting institution a recommended training centre for the CIRSE Fellowship Grant Programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of planned stay	Start date: _____ End date: _____
Duration of planned stay	<input type="checkbox"/> 1 month <input type="checkbox"/> Other: _____



Is this the first application the applicant submitted for the CIRSE Fellowship Grant Programme?

☐ YES

☐ No (please provide details on previous application): _____

Please agree to the following by ticking the boxes:

- ☐ I have read and understood the General Terms and Conditions of the Fellowship Grant Programme, available at www.cirse.org/fellowshipgrants
- ☐ I agree to my data being stored and processed in line with the CIRSE Data Protection policy (<https://www.cirse.org/data-protection/>)
- ☐ I hereby confirm that all information provided above is truthful and correct.

Date

Signature

NEXT STEPS:

Please save the signed form as **PDF document** and **upload** it together with the following documents in the online application portal, accessible via the CIRSE website:

- 1) **Motivation letter** for your participation in the Fellowship Grant Programme, outlining inter alia the motivation, learning objectives, reasons for choosing the Hosting Institution etc.
- 2) **Curriculum Vitae**
- 3) **Letter of recommendation** from your current Head of the Department
- 4) **Letter from the Hosting Institution**, confirming the visit, the duration of the stay and an outline of the training offered (template available at www.cirse.org/fellowshipgrants)
- 5) **Budget** outlining how the Fellowship Grant will be spent (travel, accommodation)

In addition, you will be asked to **provide additional information** about the following topics in the **online application portal**:

- 1) Publications in CVIR and/or CVIR Endovascular (list all relevant publications)
- 2) Previous presentations at CIRSE events (list all presentations including the congress and year)
- 3) Previous attendance of CIRSE events (list all events including the year)
- 4) Whether you are an EBIR holder or currently registered for EBIR