



# CIRSE Endovascular Fellowship Grants

## 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 <b>recommended training centre</b> for the CIRSE Endovascular Fellowship Grants?	<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"/> 2 months <input type="checkbox"/> 3 months



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

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 Endovascular Fellowship Grants, available at [www.cirse.org/fellowshipgrants](http://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.
- I hereby confirm that I will submit at least one abstract to one of CIRSE's conferences, presenting either any clinical evidence, data, case studies or educational aspects from my experience at the Hosting Institution.

-----  
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 Endovascular Fellowship Grants, 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](http://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