

**ESPR EDUCATIONAL GRANTS APPLICATION FORM
FOR ECPR Courses**

_____ (ECPR [*year*], [*city*], [*country*])

Please note that incomplete forms will not be considered

Name:
Address:
Email:
Telephone number:
Nationality:
Date of Birth:
Age next birthday:
Year of Medical degree graduation:
University attended:
Current appointment/position:
Current full work address:

Please list your Full Work experience post-graduation (most recent first):

Are you still in formal radiology training?

Yes/No

Years of radiology training?

Radiology degree or diploma if any?

Date of obtaining this higher degree/diploma?

Years of training experience in Paediatric Radiology if any?

Name of Current training coordinator/supervisor/head of department responsible for your training (please ask this person to write an official letter confirming your training status/position and attach the letter to this form):

Address of training coordinator/supervisor/head of department:

Email address of training coordinator/supervisor/head of department:

Have you received an ESPR junior or educational grant before?

Yes/No

If yes, when?

Summarize your commitment to Paediatric Radiology:

Statement of intent (why should the ESPR support your attendance to ECPR?)

I agree I have read the conditions and criteria for eligibility for an ESPR grant and confirm all the above to be true.

Signature:

Date: