## APPLICATION FORM

## European Society of Pathology Giordano Felloship

|  |  |
| --- | --- |
| Name |  |
| Gender: | M/F |
| Date of birth |  |
| e-mail address |  |
| Institution |  |
| Position held |  |
| Level of necessary foreign language knowledge | moderate – advanced (please mark) |
| Hospital/Department address |  |
| Telephone number |  |
| EAT Centre name |  |
| EAT Centre contact person |  |
| EAT Centre contact person e-mail address |  |
| Planned date of training |  |
| Planned duration of training |  |
| **Status & number of ESP membership** |  |
| **Attachements** |  |
| 1. 1. confirmation letter from the head of the EAT centre |  |
| 1. 2. curriculum vitae (one page) |  |
| 1. 3. letter of motivation describing how the newly gained knowledge and skills can be implemented at the home institution (one page) |  |
| 4. letter of recommendation from the home institution |  |
| 5. letter of recommendation from the national society of pathology |  |