## APPLICATION FORM

## European Society of Pathology - Giordano Fellowship

|  |  |
| --- | --- |
| Full Name: |  |
| Date of birth: |  |
| E-mail address: |  |
| Telephone number: |  |
| Current Position (resident, consultant etc): |  |
| Home Institution and address: |  |
| Level of English or of the language spoken at the ESP-ATC: |  |
| Selected ESP-ATC: |  |
| ESP-ATC contact person and email address: |  |
| Planned start date of training: |  |
| Planned duration of training: |  |

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| **Attachments** | Check list (mark as Yes or No) |
| 1. confirmation letter from the ESP-ATC |  |
| 1. 2. curriculum vitae (first page) ID/passport (second page) |  |
| 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. Income certificate (as per last year before the application) |  |
| 6. letter of recommendation from the home national society of pathology |  |