**Application form for ERA Registry Fellowship**

**Type of fellowship**

|  |  |
| --- | --- |
| Type | **Registry Fellowship** |
| Duration | 12 weeks (84 days) |
| Proposed specific clinical learning objectives |  |

**Applicant's Data**

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Nationality |  |
| Living and practising country |  |
| e-mail address |  |
| Mobile number |  |
| Date of birth |  |
| ERA membership number |  |
| Education |  |
| Curriculum Vitae |  |
| MD/PhD and Post-Doc  information |  |
| Present job position  Name and full address of  the current institute |  |
| Synopsis of your current  work |  |

**Publications**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Authors | Journal | Year |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Applicant's Data**

|  |  |
| --- | --- |
| Other grants |  |
| Have you previously  applied for ERA  fellowship? |  |
| Have you recently  interrupted your career  due to child care?  If yes, please state the  duration and dates |  |

**Receiving Institute**

|  |  |
| --- | --- |
| Name of receiving institute | Amsterdam UMC – Location AMC |
| Supervisor's name | V.S. Stel |
| Supervisor's e-mail address | [v.s.stel@amsterdamumc.nl](mailto:v.s.stel@amsterdamumc.nl) |
| Receiving Institute's full address | Department of Medical Informatics  Amsterdam University Medical Centers, location AMC, Meibergdreef 15  Amsterdam, The Netherlands |
| Summary of the proposed training |  |
| Clinical significance of the proposed training |  |
| Proposed work at the receiving institute |  |
| Do you intend to return to your home institute  after the fellowship? |  |
| Career plans after the fellowship |  |

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Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mandatory documents to be submitted when applying for an ERA Registry Fellowship to be sent to** [**fellowship@era-online.org**](mailto:fellowship@era-online.org)**:**

1. **Application form and photocopy of the applicant’s personal ID**
2. **Form of Acceptance of Applicant** – signed by the Supervisor at the Host institute
3. **Detailed training plan** edited by the applicant in collaboration with the Supervisor at the Host institute
4. **Letter of Support for ERA Registry Fellowship** - signed by Chief of the home institute or equivalent institute