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**Application form for training institutions**

**Institution**

**Name:** Click here to enter text.

**Address:** Click here to enter text.

**Website:** Click here to enter text.

**Date of application:** Click here to enter text.

**Professor or Head of Department**

Email and contact details: Click here to enter text.

**No of hospital beds:** Click here to enter text.

**Approx. no surgery per year:** Click here to enter text.

**RA training program** [ ]  yes [ ]  no

Details: Click here to enter text.

**Pain Medicine** [ ]  yes [ ]  no

Details: Click here to enter text.

**POCUS** [ ]  yes [ ]  no

Details: Click here to enter text.

**Research areas and publications in the last 5 years:**

Click here to enter text.

**Responsible Clinical Lead**

**ESRA member**: [ ]  yes [ ]  no

**Email & contact details:** Click here to enter text.

**Please attach CV & a picture**

**Teaching staff members**

**ESRA member** [ ]  yes [ ]  no

**Emails & contacts details** (max 5)

Click here to enter text.

**Training offered**

[ ]  Regional anaesthesia

[ ]  Pain medicine

[ ]  POCUS

**RA**

[ ]  Upper limb / [ ]  lower limb / [ ]  thoracic / [ ]  abdominal / [ ]  reconstructive / [ ]  cosmetic / [ ]  Paediatrics / [ ]  maternity / [ ]  head and neck / [ ]  spinal surgery

**PAIN**

[ ]  Interventional pain / [ ]  SCS / [ ]  multidisciplinary

**POCUS**

[ ]  Airway / [ ]  lung / [ ]  cardiac / [ ]  gastric / [ ]  abdominal / [ ]  other (specify)

**Duration**

**Weeks / months:** Click here to enter text.

**Observer / Hands –on:** Click here to enter text.

**Accommodation**

**Available** [ ]  yes / [ ]  no

**Restriction\***

**On EU or non-EU doctors** – please specify

Click here to enter text.

**Language requirements**

**Language requirements** – please specify

Click here to enter text.

**Additional information to ESRA website**

Please provide information or link.

Click here to enter text.

**Support from the ESRA national society**

**Please attach a letter of support from your national society.**

\*if registration on national medical association, insurance, etc is needed

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| **Please send your application and documents to** **office@esraeurope.org**ESRA Office, Rue de Chantepoulet 10, 1201 Geneva, SwitzerlandTel: +41 22 510 56 10 |