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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.

**Can an applicant get involved in a project that can lead to a publication?**  yes  no

**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, number of blocks that an applicant could expect to perform:

Click here to enter text.

Pain medicine, mix of patients, how many per year, New vs Review, predominant diagnoses etc.., please specify:

Click here to enter text.

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**](mailto:office@esraeurope.org)  ESRA Office, Rue de Chantepoulet 10, 1201 Geneva, Switzerland  Tel: +41 22 510 56 10 |