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**Application form for applicants**

**ESRA Educational Grants**

**Contact details**

**First name:** Click here to enter text.

**Last name:** Click here to enter text.

**Email address:** Click here to enter text.

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

**Please attach CV**

**Current employment status**

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

**Head of department:** Click here to enter text.

**Proposed ESRA Training Centre**

Click here to enter text.

**Head of the educational program details**

**First name:** Click here to enter text.

**Last name:** Click here to enter text.

**Email address:** Click here to enter text.

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

**Please attached a written statement of the head of the educational program describing the rotational program and stating that they are prepared to host you in case of a positive decision by the Board**

**Time frame of the visit** Click here to enter text.

**Training**

☐ Regional anaesthesia

☐ Pain medicine

**Personal statement**

 **< 500 words (to be attached)**

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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 Fax: +41 22 510 56 14 |

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**Information for applicants ESRA Educational Grants**

**Contact details**

Personal information - current contact details - these will be checked by return email to confirm receipt of your application; if these are incorrect your application will be rejected.

Attach current CV with referee’s, who have given consent to be contacted by the ESRA Grants Committee if necessary to validate CV and application.

**Current employment status**

Present - position/employment (institution and current head of department).

Please discuss your application with your head of department, mentor or clinical tutor

**Proposed ESRA training centre**

It is the responsibility of the applicant to have contacted the training centre where they wish to do their extended training prior to making an application. ESRA will need details of the proposed training centre and the contact details of the person who will be responsible for the training.

The duration of the training will need to be specified and proposed dates indicated. Applications can only be made for the forthcoming year and the training must take place within one year of the grant being awarded. There is no provision to extend the time period or defer the attachment (unless in exceptional circumstances).

**Personal statement**

A personal statement reflecting your need for extended training MUST accompany this application