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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

[ ]  upper limb, expected number of procedures per year Click here to enter text.

[ ]  lower limb, expected number of procedures per year Click here to enter text.

[ ]  thoracic, expected number of procedures per year Click here to enter text.

[ ]  abdominal, expected number of procedures per year Click here to enter text.

[ ]  reconstructive, expected number of procedures per year Click here to enter text.

[ ]  cosmetic, expected number of procedures per year Click here to enter text.

[ ]  paediatrics, expected number of procedures per year Click here to enter text.

[ ]  maternity, expected number of procedures per year Click here to enter text.

[ ]  head and neck, expected number of procedures per year Click here to enter text.

[ ]  spinal surgery, expected number of procedures per year Click here to enter text.

More details if applicable: Click here to enter text.

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

[ ]  interventional pain, expected number of procedures per year Click here to enter text.

[ ]  SCS, expected number of procedures per year Click here to enter text.

[ ]  multidisciplinary, expected number of procedures per year Click here to enter text.

More details if applicable: Click here to enter text.

**POCUS** [ ]  yes [ ]  no

[ ]  airway, expected number of examinations per year Click here to enter text.

[ ]  lung, expected number of examinations per year Click here to enter text.

[ ]  cardiac, expected number of examinations per year Click here to enter text.

[ ]  gastric, expected number of examinations per year Click here to enter text.

[ ]  abdominal, expected number of examinations per year Click here to enter text.

[ ]  other (specify), expected number of examinations per year Click here to enter text.

More details if applicable: 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

**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 |