**Une image contenant texte, Police, capture d’écran, logo

Description générée automatiquement**

**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

|  |
| --- |
| **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 |