**APPLICATION FORM**

**WFITN GRANT FOR WOMEN NEURO-INTERVENTIONAL OBSERVERSHIP**

**Length of observership** (please circle): 2 weeks, 1 month

**Applicant:**

First Name ................................ Family Name ......................................

Country ……………………………………………………………………

City/Street …………………………………………………………………….

Tel ........................................... Mobile.............................................

Email address ...................................................................................

WFITN Member: Yes No Applied

Original specialty: Radiology Neurology Neurosurgery

Currently: Resident Fellow Staff

If staff: Years post INR training ……

Spoken Languages .....................................................................................

**Home institution:**

Responsible physician/department head/hospital board

…………………………………………………………………………………….

Email …………………………………… Tel ………………………………….

Institute/Hospital name ..............................................................................

Department ……………………………………………………………………

Address …………………………………………………………………………

City/Street ……………………………………………………………

Country ...................................................................................

**Observership institution:**

Responsible physician ………………………………………………….................

Email …………………………………… Tel ………………………………….

Department ……………………………………………………………………

Institution or Hospital ..................................................................................

Address. …………………………………………………………………………

City/Street ……………………………………………………………

Country ...................................................................................

**Budget plan (estimation in Euro):**

Flights/Train ……………………………………………………………………..

Accommodation ………………………………………………………….

**Check list of items to submit:**

* **Application form**
* **Support letter**
* **Invitation letter**
* **Personal letter with indication of observership length**
* **Applicant’s CV**

**Please email the form and required documents to:** [**secretary@wfitn.org**](mailto:secretary@wfitn.org)

**Addressed to:**

**Sabine Heckmann (Executive Director)**

**+**

**Dr. Ronit Agid & Dr. Sarah Power (Women’s committee)**