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Description générée automatiquement

**APPLICATION FORM**

**WFITN GRANT FOR NEURO-INTERVENTIONAL OBSERVERSHIP**

**Length of observership** (please circle): 2, 3, 4 months

**Applicant:**

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

Country ……………………………………………………………………

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

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

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

WFITN Member: Yes No Applied

In INR Training Yes No Years post 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, per month):**

Flights ……………………………………………………………………..

Accommodation ………………………………………………………….

Local transportation ………………………………………………………

Meals ………………………………………………………......................

Other………………………………………………………………………..

**Do you receive funding already? Yes…… No……**

**If yes, please declare the source and the amount:**

**Source:………………………**

**Amount:……………………..**

**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: Executive Director Sabine Heckmann and

Educational Committee Chair Dr. Ronit Agid