



## APPLICATION FORM - EACL FELLOW

### 1 Personal information

Title:

First name

Middle name

Family name

Address (inc. Country)

Phone

Email:

Date of Birth: dd/mm/yyyy

Nationality:

### 2 Current Position

Institution(s):

Since: dd/mm/yyyy

Type of current practice is predominantly:

### 3 Professional education

Medical school (years):

Specialty training (years):

National certification authority (for the specialty):

Year:

### 4 Documentation

Copy of passport or identity card

Recent photograph



Copy of national medical diploma

Copy of a valid license to practice medicine

Copy of national specialist diploma

Letter of recommendation (optional)

Self-declaration of good standing in the medical profession

**5 CV (maximum 10 pages)**

Mandatory sections:

Section 1: Demonstrating personal qualities

- Technical-professional skills
- Time of practicing
- Education activities as trainer

Section 2: Leadership skills

- Experience, capacity and ability to manage teams
- Experience, capacity and ability to manage services
- Experience, capacity and ability to manage organisations

Including experience/training in

1. Leading position / experience Leadership of medico-social accomplished projects Innovation within a team framework
2. Economic-managerial training / education Relevant specific medical Legal/regulations relevant education
3. Communication training / education Chair / Reporter of Meetings / Working Groups
4. Relevant winter/summer schools, conferences/congresses/workshops, etc.