



**European Association of
Percutaneous Cardiovascular Interventions**



APPLICATION FORM

for

**The European Association of
Percutaneous Cardiovascular Interventions
(EAPCI)
A registered branch of the ESC**

TRAINING GRANT – PROGRAMME 2012

To reduce the burden of cardiovascular disease in Europe through percutaneous cardiovascular interventions.

The European Heart House – 2035 route des Colles – Les Templiers – BP 179 – 06903 Sophia Antipolis Cedex – France
Web site : www.escardio.org/EAPCI - Email contacts : EAPCI@escardio.org



European Association of Percutaneous Cardiovascular Interventions



Applicant's name: _____

APPLICATION FOR EAPCI INTERVENTIONAL CARDIOLOGY TRAINING GRANT

PART A

USE TYPESCRIPT THROUGHOUT AND COMPLETE WITHIN SPACE (S) PROVIDED

1. Applicant's Details

Family Name: _____

First Names: _____

Sex Male Female

Date of Birth (dd/mm/yy) and Place of Birth: _____
(Applicants born before 15 January 1976 are not eligible for EAPCI grants. No exception will be made)

EAPCI Member Yes No

2. Addresses

a. Home _____

b. Work _____

c. Contact address of the candidate for EAPCI correspondence (please specify):

Home Work

Day-time telephone number/ Day-time fax number _____

Email _____

3. Place where the Training period would be held

a. Department _____

b. Institution Address _____

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Part A - Page 1 of 6

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PART A

- c. Telephone number -----
- d. Fax number -----
- e. Email -----

4. Name and title of

- a. Head of the above department -----
- b. Proposed supervisor -----

5. Period for which the grant is requested (12-months period starting between June and December 2012)

- a. Starting date -----
- b. Termination date -----

6. Present head or supervisor of department to whom PART B has been passed

- a. Name -----
- b. Address -----
- c. Telephone number -----
- d. Telefax number -----
- e. Email -----

7. Title of the Training Project

PART A

8. Applicant's academic record (in chronological order)

Academic Institution	Degree(s) gained	Subject	Year of Award

9. Postgraduate career including present employment (in chronological order)

Place of work	Positions held	Dates

10. Details of present appointment

- a. Employer/source of funding -----
- b. Tenure -----
- c. Grade/Status -----
- d. Date of entry to current grade -----
- e. Current position -----

11. Previous training in invasive cardiology

12. Publications & abstracts relevant to this application: state of journal, title and page numbers and names of co-authors (add papers if needed)

13. Please state briefly the considerations that led you to choose the Centre named section 3.

14. Description of the proposed training including a research project prepared jointly with the proposed supervisor. A detailed research proposal must be attached including appropriate references. Failure to submit a detailed proposal (2-4 pages) will mean that your application will be rejected.

15. Career intentions after the grant period

PART A

16. Independent referee to whom PART C has been passed

- a. Name -----
- b. Address -----
- c. Telephone number -----
- d. Telefax number -----
- e. Email -----

17. Supervisor to whom PART D has been passed

- a. Name -----
- b. Address -----
- c. Telephone number -----
- d. Telefax number -----
- e. Email -----

18. Administrative officer to whom PART E has been passed

- a. Name -----
- b. Address -----
- c. Telephone number -----
- d. Telefax number -----
- e. Email -----



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PART A

19. Details of other awards or grants for which you are currently applying

20. How do you plan to be involved in the EAPCI activities after your grant

21. Languages spoken by the applicant

22. Insurance status (sickness and accident)

23. Acceptance and conditions

If my application is successful, I agree to accept the conditions posed by the EAPCI.
When certifying to have read these Rules and Regulations, I also confirm to having received the prior approval of the proposed supervisor to provide his/her personal data.

Signature of applicant:

Date:

You have personal data, which is, according to the Law on data processing and Civil Liberties 78-17 of 6 January 1978 modified, registered with the European Society of Cardiology (ESC). The information you supply will be held in the ESC customer data files and may be used for marketing and communication purposes by the ESC only. You have the absolute right to access, amend and oppose any use of this personal data by writing to the ESC at the address mentioned below or by email at usercontact@ardio.org

European Society of Cardiology - Customer Relations Group
2035 Route des Colles - Les Templiers - BP 179 - 06903 Sophia Antipolis Cedex - France



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Applicant's name: _____

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PART B

APPLICANT: Please forward this sheet (with a copy of PART A) for completion to the head of your PRESENT DEPARTMENT or to your present supervisor and ask him / her to forward this PART B directly to the EAPCI, before 15 January 2012.

HEAD OF DEPARTMENT OR SUPERVISOR: the above named applicant has applied for an EAPCI Training Grant. Could you please let the EAPCI have your views, in confidence and in typescript, on the following:

1. **Applicant's scientific ability and suitability for a Training Grant, the primary purpose of which is to support for a (further) period of clinical training.**

2. **Appropriateness of proposed training and centre**

3. **Date of entry at the formal cardiology training in the home country of the applicant**

___ / ___ / ___

4. **Name of Head of Department or Supervisor**

5. Address of Department

Telephone number

Fax number

E-mail

6. Signature of Head of Department or Supervisor

Date

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PART C

APPLICANT: Please forward this sheet (with a copy of PART A) for completion to an independent REFEREE, who is not attached to your present or proposed host department and ask him to forward PART C directly to the EAPCI before 15 January 2012.

REFEREE: the above named candidate has applied for a Training Grant.
Could you please let the EAPCI have information, in confidence and in typescript, on the following:

1. **Your name and title**

2. **Length of time you have known the candidate**

3. **Your comments on the candidate's ability and suitability for (further) clinical training and any other points which you consider would be helpful to the EAPCI**

4. Title and address of your department -----

Phone number ----- Fax number -----

Email -----

5. Signature of Referee _____ Date _____

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Applicant's name: _____

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PART D

Future SUPERVISOR (during the EAPCI training grant period): the above named candidate has applied for an EAPCI Training Grant to be held in your Department. Could you please study the regulations for the Training Grant programme and then let the EAPCI (before 15 January 2012) have information, in confidence and typescript, on the following (please :

1. **The amount granted by the EAPCI is supposed to cover the running expenses (including daily subsistence of the awardee). Can this amount cover the cost of the proposed project?**

2. **If they cannot, from what source will the deficit be made up?**

3. **Can you confirm that the training program for this applicant will be based on the core curriculum for interventional cardiology training prepared by the The European Association of Percutaneous Cardiovascular Interventions (EAPCI) ?**

4. **Describe the proposed training project**

5. **Please write below the minimal number of PCI's which you guarantee to this applicant for the requested training period:**

5.1. I guarantee, that he/she will be allowed to perform at least PCI's as assistant (second operator).

5.2. I guarantee, that he/she will be allowed to perform at least PCI's as the first operator.

PART D

6. **State your view on the candidate's ability and suitability for (further) clinical training and on any relevant points which you consider would be helpful to the EAPCI**

7. **Name and title of**

- a. Head or Supervisor of Department -----
b. Candidate Supervisor -----
c. Address of Department -----
d. Phone number ----- Fax number -----
Email -----

8. **Please give the precise number of PCI procedures performed last calendar year at your institution.**

9. **Does your institution routinely cover 24-hour service for primary PCI in acute myocardial infarction?** YES / NO

Please give the precise number of primary PCI procedures performed for ST elevation MI last calendar year at your institution.

10. **Does this centre perform non-coronary interventions?** YES / NO

If yes - specify which: -----

11. **Please give the references of the last three papers on interventional cardiology published from your institution in the international peer-reviewed cardiology journals**

PART D

I am aware that an award under this scheme is normally administered through the medium of a convention/agreement for the period of the grant, entered between the grant recipient and the host institution. I confirm that I support this application and that if an award is made, the candidate would be accepted in the Department in accordance **with the EAPCI Training Grant terms and regulations.**

Signature of Head or Supervisor of Department (7a)

Date

Signature of Supervisor (7b)

Date

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Applicant's name:.....

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PART E

APPLICANT: Please enter below the name of the Department in which you wish to train during the Training Grant period and pass this sheet (with a copy of the regulations and a copy of PART A) to the appropriate ADMINISTRATIVE OFFICER (e.g. Finance Officer, Registrar, Bursar, Secretary, Director) of the proposed host institution. When signed, Part E should be attached to PART A of your application for submission to the EAPCI (before 15 January 2012).

ADMINISTRATIVE OFFICER: the above named candidate is applying for an EAPCI Training Grant to be held at:

Department:

Institution:

An award under this scheme is normally administered through the medium of a convention/agreement for the period of the grant, entered between the grant recipient and the host institution. If an award is made, the EAPCI would of course liaise with the host institution, but before the application can be considered it is necessary to have the confirmation below that the host institution would be willing, in principle, to offer an appointment.

I have read the details of the EAPCI Training Grant programme and confirm that if the above named candidate is awarded a Training Grant he will be offered an appointment by this institution for the period concerned by the grant **in accordance with local social regulations and with the EAPCI Training Grant terms and regulations.**

The candidate will receive a grant of 25,000 Euros per annum from the EAPCI to cover living expenses.

Please indicate whether health insurance (sickness and accident) is:

Provided by the employing Institution

Taken out by the applicant on his/her own discretion and obligation

Please indicate the status of the candidate during his training period:.....

Signature:

Date:

Finance officer/Registrar/Bursar/Secretary/Director (please delete as appropriate)

Name and initials

Institution

Address

Phone number Fax number

Email

Name and address and phone number of the officer who should be contacted regarding the administration of the Training Grant if different from the above:

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