



PART B

APPLICATION FOR THE EHRA TRAINING FELLOWSHIP

APPLICANT's NAME:

Please forward this sheet for completion to your **PRESENT HEAD OF DEPARTMENT (HOD) OR SUPERVISOR**. Once returned by your HOD, please upload it on the online application form before submitting your application.

HEAD OF DEPARTMENT OR SUPERVISOR:

The above named applicant has applied for an EHRA Training Fellowship.
Could you please let the EHRA have your views, in confidence and in typescript, on the following:

1 - Applicant's scientific ability and suitability for an Training Fellowship, the primary purpose of which is to support a period of training in the field of Clinical Electrophysiology with emphasis on Catheter Ablation.





PART B

2 - Appropriateness of proposed training:

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Current Head of Department or Supervisor

Name and title*:	
Department address*:	
Phone number*:	
Email*:	

** These fields are not mandatory*

Signature of Head of Department or Supervisor	Date

