



PART C

APPLICATION FOR THE EHRA TRAINING FELLOWSHIP

APPLICANT's NAME:

Please forward this sheet for completion to a **REFEREE**, who is not attached to your present department. **Once returned by the referee, please upload it on the online application form before submitting your application.**

REFEREE:

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

Your name and title	
Applicant's name (mandatory)	
Length of time you have known the candidate	

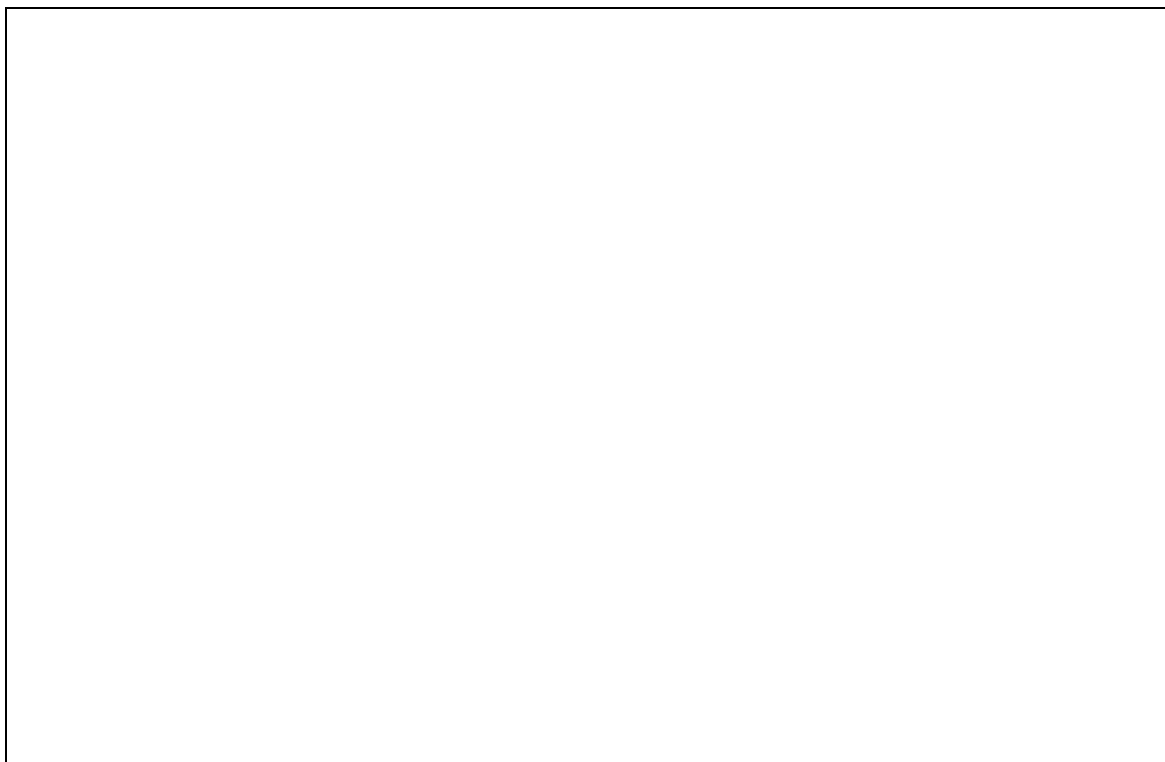
Your comments on the candidate's ability and suitability for (further) training in Electrophysiology and any other points which you consider would be helpful to the EHRA:





EHRA
European Heart
Rhythm Association

PART C



ESC
European Society
of Cardiology

PART C

Title of your department*:	
Address*:	
Phone number*:	
Email*:	

* These fields are not mandatory

Signature of referee	Date