



**PART C**

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**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:

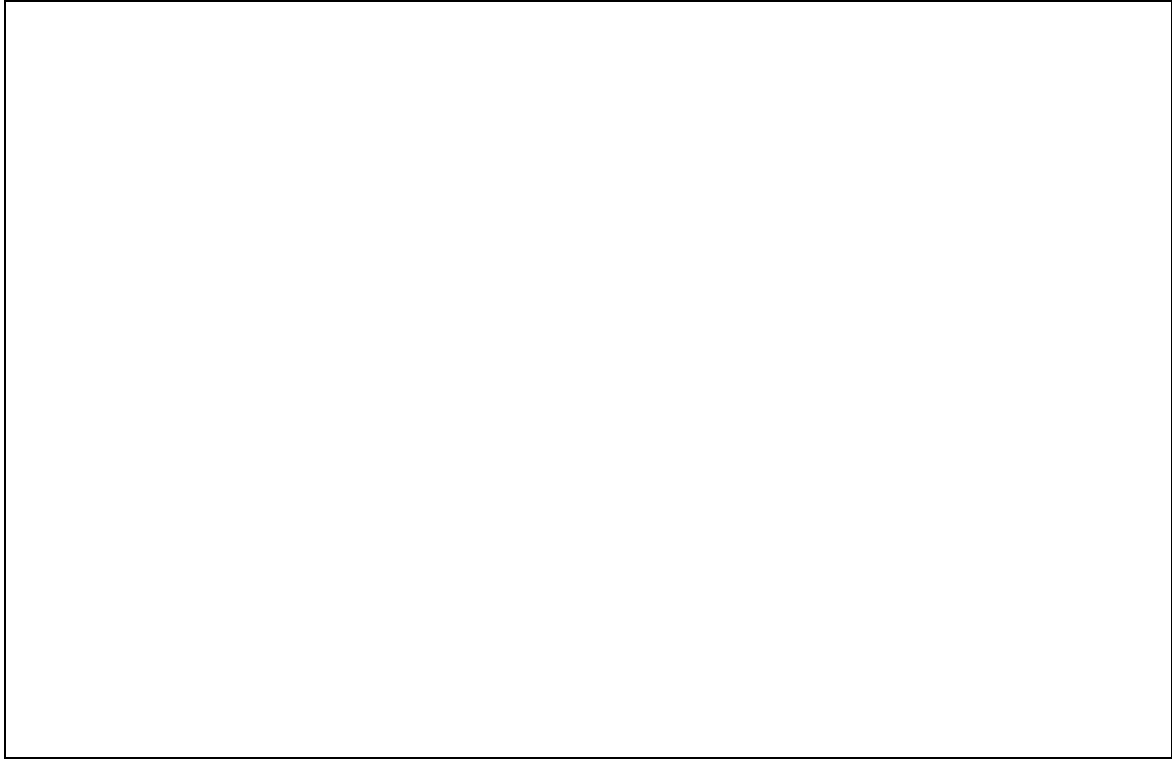
<b>Your name and title</b>	
<b>Applicant's name (mandatory)</b>	
<b>Length of time you have known the candidate</b>	

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



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

*\* These fields are not mandatory*

<b>Signature of referee</b>	<b>Date</b>