



## 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 (please send the following documents in PDF format)**

- 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 (please send in PDF format with a maximum of 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

More details on: <https://aemh-eacl.org/european-training-requirements/>

**6 Project of Management of a Medical Department (please send in PDF format with a maximum of 15 pages; please note that the project should be started/ongoing)**

Section 1: Managing Services

Section 2: Improving Services

Section 3: Setting Direction

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All documents should be sent by email to: [secretariat@aemh-eacl.org](mailto:secretariat@aemh-eacl.org) with the message title: “application for EACL fellow”