SCHOLARSHIP FOR 2ND ESTS-ERS COLLABORATIVE COURSE ON THORACIC ONCOLOGY 6-8 April 2020



Scholarship Application

| PLEASE COMP | LETE IN BLOCK LETTERS | | | |
|---|------------------------------------|-----|----|--|
| Surname: First Name: | | | | |
| Date of birth (DD/MM/YYYY): | | | | |
| Status (delete as appropriate): | | | | |
| Trainee / Graduate < 2 years / Graduate < 5 years / Graduate > 5 years | | | | |
| Predominant practice (delete as appropriate): Thoracic Surgeon / Pulmonologist / Medical Oncologist / Radiation Oncologist / Other | | | | |
| Name of the institution you are currently working: | | | | |
| Institution Address: | | | | |
| City: Country: | | | | |
| E-mail 1: E-mail 2: | | | | |
| Are you an | ESTS member (tick as appropriate): | YES | NO | |
| | ERS member (tick as appropriate): | YES | NO | |
| Your training has started (complete here if you are a trainee) (DD/MM/YYYY): Your training has finished (complete here if you have completed training) (DD/MM/YYYY): | | | | |
| Please explain the reasons for applying to this Scholarship: | | | | |

Please return this form via e-mail to: Sue Hesford, ESTS Secretariat, <u>sue@ests.org.uk</u>

Closing Date: Monday 25 November 2019

No priority is given to selection based on the date of submitting the application

