

The European Society for Cardiovascular Surgery (ESCVS) Chair for ESCVS Education, European Exchange, and Trainee Program (EEET) (Prof. Domenico Palombo)

APPLICANT INFORMATION

CVI V NAME	
FULL NAME: First Mi	ddle Last
DATE OF BIRTH:	_ SEX: □ male □ female
NATIONALITY:	
STREET & NUMBER	
CITY	POST CODE:
PASSPORT/ID CARD NUMBER:	VALID TILL:
E-MAIL:	PHONE:
POSITION: ☐ resident ☐ specialist	
If resident, specify year of residency	MATTE
If specialist, specify since how many years	77111
FIELD: □ cardiac surgery □ vascular sur	gery
UNIVERSITY/HOSPITAL:	202
CITY:	_COUNTRY:
LANGUAGE SPOKEN:	
Native:	
Others:	
English level: □ basic □ good □ fluent □] native



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HOSPITAL APPLICATION

	HOSPITAL APPLICATION
APPLIED FOR:	
-	CARDIAC
	\square WEST-GERMAN HEART AND VASCULAR CENTER UNIVERSITY OF
	DUISBURG-ESSEN (ESSEN, GERMANY)
	\square KOLAN INTERNATIONAL HOSPITAL (ISTANBUL, TURKEY)
-	VASCULAR
	☐ CLINIC FOR VASCULAR AND ENDOVASCULAR SURGERY, UNIVERISY
	SERBIAN CLINICAL CENTRE (BELGRADE, SERBIA)
	□ VASCULAR AND ENDOVASCULAR SURGERY CLINIC, SAN MARTINO
	HOSPITAL, UNIVERSITY OF GENOA (GENOA, ITALY)
	\square VASCULAR AND ENDOVASCULAR SURGERY CLINIC - UNIVERSITY OF
	PADUA (PADUA, ITALY)
	m I E
	REQUIRED DOCUMENTS / SELF-DECLARATION
I AM A REGIS	TERED MEMBER OF THE ESCVS: ☐ YES ☐ NO
OF MY EXCHA	POSSESSION OF A VALID PASSPORT/ID CARD ON THE BEGINNING ANGE: ☐ YES ☐ NO POSSESSION OF A VALID HEALTH INSURANCE ON THE BEGINNING
	NGE: YES NO
	TO DATE WITH THE HEALTH FORM THAT WILL BE POSSIBLY E HOSTING CENTER: □ YES □ NO
DATE	SIGNATURE