

MY-ATRIA: MultidisciplinarY training network for ATrial fibRillation monItoring, treAtment and progression

APPLICATION FORM

Surname (family name):	First name(s):
Nationality: Date of birth: Place of birth (country): Residency: I declare that I have lived in the countries of the hosting institutions, I'm applying to, for less than 12 months in the last three years, including the time left until the hypothetical enrolment date in MY-ATRIA	Passport No: Date and place issued: Expiry date:
Applicant's contact address:	
Tel:	
 I would like to receive notification via text message E-Mail: 	

List of attached documents (please check all items)	List of fellowship(s) for which the Candidate is applying (in order of preference) ^a
 Copy of passport Letter of motivation (max 1 page) Copies of degree and academic transcripts (with grades and rankings) Resumé of Master's thesis (max 1 page) Short CV Proof of English language skills (required for ESR 1, ESR 4, ESR 5, ESR 9) Contact details of Academics for reference letters (Full name, address, and email) 	1 2 3 4 5 6 7 8 9 10 11 12

 $^{\rm a}$ The fellowships have to be indicated with the acronyms: ESR1, ESR2, etc.

Signature