



# Medical Exchange Programme Application Form

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Please answer all questions as accurately as possible  
Download the PDF form  
Save it on your computer before filling it out

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## PERSONAL INFORMATION as shown on passport / ID card

Last name:

First name:

Nationality:

Gender

Male

Female

Date of birth:

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## COMMUNICATION DETAILS

E-mail address:

Telephone number:

Mobile number:

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## PERMANENT ADDRESS

Street:

City:

Postal Code

Country:

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## EDUCATION

Year Medical degree obtained:

(MM/DD/YYYY)

Name of University:

Country:

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## **INSTITUTION**

Institution to which you belong:

Country:

Type of organization:

Is your Institution

Position held:

Specialization:

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## CURRENT POSITION

1. Describe your HIV-related clinical and/or research work. (max. one page/3750 characters)

2. Number of years working in the field of HIV medicine:

Less than 2 years

2 to 5 years

More than 5 years

More than 10 years

3. Give a brief description of your current position.

4. How many HIV patients do you follow?

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5. List publications in peer-reviewed scientific journals.

6. List abstracts presented at national and international conferences.

7. List past training courses attended - organizers, names of courses, year.

8. List two references and give their contact details.

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## LANGUAGES

9. Describe your level of spoken English.

Proficient - You are fluent and rarely encounter English which you do not understand.

Advanced - Your spoken English is both fluent and accurate.

Upper-Intermediate - You talk almost fluently and almost completely accurately.

Intermediate - You understand and speak English with some confidence.

Pre-Intermediate - Good basic ability to communicate and understand.

Elementary - You can communicate in a very basic way.

10. Describe your level of written English.

Proficient - You are fluent and rarely encounter English which you do not understand.

Advanced - Your spoken English is both fluent and accurate.

Upper-Intermediate - You talk almost fluently and almost completely accurately.

Intermediate - You understand and speak English with some confidence.

Pre-Intermediate - Good basic ability to communicate and understand.

Elementary - You can communicate in a very basic way.

11. Describe your level in other languages.

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## PROJECT

12. If accepted, do you have a preferred EACS center? If, yes please choose from the list below. You may choose more than one center.

- Saint Pierre University Hospital, Brussels, Belgium
- Copenhagen HIV Programme (CHIP), Copenhagen, Denmark
- Hôpital Hôtel Dieu, Nantes, France
- Pitié Salpêtrière University Hospital, Paris, France
- Saint Antoine University Hospital, Paris, France
- HIV-Immunologie-Infektiologie, Tropenmedizin-Ambulanz, Bonn-Venusberg, Germany
- St James Hospital, Dublin, Ireland
- San Paolo University Hospital, Milan, Italy
- University Hospital Modena, Modena, Italy
- Hospital Clinic University of Barcelona, Barcelona, Spain
- Hospital La Paz, Madrid, Spain
- University Hospital Basel, Basel, Switzerland
- Western General Hospital, Edinburgh, Scotland, United Kingdom
- Royal Free Hospital, London, England, United Kingdom
- Chelsea & Westminster Hospital, London, England, United Kingdom
- Royal Sussex County Hospital, Lawson Unit, Brighton, England, United Kingdom
- University of Liverpool, Liverpool, United Kingdom

13. If you do not have a center, would you like EACS to provide one?                      Yes                      No

14. Confirm your eligibility for a working/graduate visa in the country of the host institution.                      Yes                      No

15. If accepted, proposed commencement date:

16. Identify the duration of the project:

17. Identify an EACS mentor (proposed by the candidate or appointed by EACS):

18. Identify a project supervisor; ideally appointed by the host institution:

19. Please submit and send the application form with the following documents in attachment to [info@eacsociety.org](mailto:info@eacsociety.org) :

Passport size picture

CV

Project outline including background, research hypothesis, aim, design, methodology, outcomes, plan of analysis, references, budget and justification of costs (max. one page)

Cover letter outlining your reasons for this application

Evidence that the research can start immediately if the project is shorter than four months (e.g. evidence of ethics approval and other administrative aspects being in place, project is nested within a larger project already ongoing).

Any other document you think may be relevant to your application

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## Application and selection procedure

1. Fill out the application form.
2. Your application and all supporting documents have to be submitted together.
3. The application must be sent to [info@eacsociety.org](mailto:info@eacsociety.org) with your name and 'Medical Exchange Programme' in the subject heading of the mail. The EACS Secretariat will send you a confirmation of receipt
4. Your application will be reviewed by a subgroup of EACS Governing Board and Regional Representative members.
5. Pending the review, you will be informed of the decision.
6. If selected, you will receive all necessary documents.
7. Selected candidates must begin the programme within six months of their selection.
8. Fellowship recipients are expected to submit an activity progress report and present their work at the EACS Conference that follows the end of the project.

## Eligible candidates must meet the following conditions

- Be a physician and/or clinical scientist working in infectious diseases and/or HIV.
- Hold EACS membership.
- Be less than or equal to 35 years of age.
- Be eligible for a working/ graduate visa in the country of the host institution.

## Note

- Pharmaceutical industry staff are not eligible for this programme.
- It is the responsibility of the trainee to ensure necessary visa, permits and documentation before project initiation.